

STAFFING

1. REASON FOR ISSUE: To establish Department of Veterans Affairs (VA) procedures for the employment and advancement for Doctors of Chiropractic in VA.

2. SUMMARY OF CONTENTS/MAJOR CHANGES: This handbook contains mandatory VA procedures on staffing. The pages in this handbook replace the corresponding page numbers in the most recent version of VA Handbook 5005. These changes will be incorporated into the electronic version of VA Handbook 5005 that is maintained on the [Office of Human Resources Management Web site](#). Significant changes include:

a. Authorizes VA to employ Doctors of Chiropractic under Section 7401(1) or 7405 of Title 38, United States Code.

b. Provides guidance for appointing and advancing Doctors of Chiropractic in VA.

c. Adds two new Appendices: Appendix G-16 (Qualifications Standard for Doctors of Chiropractic) and Appendix H-10 (Procedures for Appointing Doctors of Chiropractic).

3. RESPONSIBLE OFFICE: Recruitment and Placement Policy Service (059), Office of the Deputy Assistant Secretary for Human Resources Management, is responsible for the contents of this handbook.

4. RELATED DIRECTIVE: VA Directive 5005, Staffing.

5. RESCISSIONS: None.

**CERTIFIED BY:
OF**

BY DIRECTION OF THE SECRETARY

VETERANS AFFAIRS:

/s/Robert N. McFarland
Assistant Secretary for
Information and Technology
Administration

/s/William H. Campbell
Assistant Secretary for Management
Office of Human Resources and

ELECTRONIC DISTRIBUTION ONLY

(13) Organizations Representing Minorities or Applicants With Disabling Conditions

(a) **Minority Applicants.** A program to recruit minority applicants should include ongoing relationships with historically black colleges and universities, the Hispanic Association of Colleges and Universities, alumni associations, and other organizations involved in the placement of minority applicants.

(b) **Applicants With Disabling Conditions.** Efforts to recruit applicants with disabling conditions should include contacts with the local Equal Employment Opportunity specialists; rehabilitation agencies connected with State, county, municipal or private health care facilities; local, State or national offices of professional, veterans or other associations furthering employment opportunities for people with disabilities; and colleges, universities and other schools with candidates for employment in occupations found in VA.

(14) **Veterans Organizations and U.S. Military Services.** In addition to other sources listed, to reach the work-ready veteran population, including disabled veterans, information about vacancies may be communicated to Veterans Benefit Administration vocational rehabilitation counselors, VA Vet Centers and veterans organizations. When feasible, recruitment contacts may also be made with military separation centers.

(15) **VA Placement Service.** The Veterans Health Administration's Health Care Staff Development and Retention Office (HCSDRO/10A2D), 1555 Poydras Street, Suite 1971, New Orleans, LA 70112, maintains placement and referral services for physicians, dentists, [chiropractors,] physician assistants, occupational therapists, physical therapists, and pharmacists. Those filing application forms with the VA Placement Service are referred, based on their geographic preference and specialty, to medical centers requesting lists of candidates. Applicants may obtain registration materials or additional information by calling the HCSDRO toll-free on 1-800-949-0002. VA facilities may request Placement Service referrals for a vacancy via the same toll-free number.

(16) **VA Central Office Program Officials.** When health care facilities have been unsuccessful in recruiting for vacancies, they may request informal advice and assistance from the appropriate Service Director or other appropriate program official on VA Central Office staff. Contacts should reference all pertinent information on the assignment involved. For physicians, the contact should identify the specialty, required qualifications, and intended assignment.

(17) **Supplemental Sources.** Potentially productive sources also include the public interest programs for such individuals as enrollees of Federally funded economic opportunity programs, people with disabilities, rehabilitated public offenders, and others.

(18) **VA Central Office Assistance.** The [Office of Human Resources Management] (05[7]) and the Office of Diversity Management and Equal Employment Opportunity (06) are available to assist in the development of recruitment programs.

Office responsible for staffing the specific vacancy. This policy is modified by the following exceptions:

- (a) An SF 171 may be substituted for the OF 612 if the employee so chooses.
- (b) VAF 4078, Application for Promotion or Reassignment, may be substituted by local facility employees when acceptable at that VA facility.
- (c) Until national union contracts citing the SF 171 are amended, those contract provisions continue in effect for positions of the appropriate bargaining unit(s).
- (2) **Federal Employment Declarations.** Upon applying for initial entry into positions covered by paragraph 2b, employees will be required to submit the OF 306 and the supplemental VHA credentials questionnaire, as applicable.

d. **References**

- (1) [*Federal Register* Vol. 59, No. 241, dated December 16, 1994].
- (2) [5 CFR, chapter 1, parts 110, 210-4, 250, 293-4, 297, and all 300's].
- (3) [5 U.S.C. 1104, 1302, 3301, 3304, 3320, 3361, 3393, 3394 and 8716].
- (4) [38 U.S.C., chapters 73 and 74].

2. TITLE 38 EMPLOYMENT APPLICATIONS

a. **Application Forms.** Candidates seeking employment under 38 U.S.C., chapter 73 or 74, must complete one of the following application forms:

- (1) VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, [] Optometrists [, and Chiropractors];
- (2) VA Form 10-2850a, Application for Nurses and Nurse Anesthetists;
- (3) VA Form 10-2850b, Application for Residency;
- (4) VA Form 10-2850c, Application for Associated Health Occupations;
- (5) Standard Form 171 and 171A, Application for Federal Employment, or Optional Form 612, Optional Application for Federal Employment, and Optional Form 306, Declaration for Federal Employment. These forms are to be used by applicants for whom none of the above forms is appropriate; primarily, this includes applicants for medical support or nonmedical consultant appointments.

CONTENTS-CONTINUED

**PARAGRAPH
PAGE**

SECTION D. QUALIFICATION STANDARDS-Continued

11. **MODIFICATION OF VA QUALIFICATION STANDARDS FOR NONCOMPETITIVE
ACTIONS**

II-54

12. **WAIVER OF VA QUALIFICATION STANDARDS**

II-55

13. **INTERIM STANDARDS**

II-56

CHAPTER 3. TITLE 38 APPOINTMENTS

SECTION A. GENERAL

1. **SCOPE**

II-57

2. **AUTHORITY AND RESPONSIBILITY**

II-57

3. **APPOINTMENT REQUIREMENTS AND DETERMINATIONS**

II-60

4. **APPOINTMENT/ASSIGNMENT OF NON-PATIENT CARE DUTIES**

II-66

SECTION B. CREDENTIALING AND LICENSURE

1. **GENERAL**

II-67

2. **APPLICATION**

II-69

3. **EDUCATION CREDENTIALS**

II-70

4. **EMPLOYMENT HISTORIES AND PREEMPLOYMENT REFERENCES**

II-71

5. **PREEMPLOYMENT INTERVIEW**

II-72

6. **VERIFYING LICENSURE, REGISTRATION AND CERTIFICATION**

II-72

7. **VERIFYING SPECIALTY CERTIFICATION**

II-72

8. **DRUG ENFORCEMENT ADMINISTRATION CERTIFICATION**

II-73

9. **CLINICAL PRIVILEGES**

II-74

10. MALPRACTICE CONSIDERATIONS

II-75

11. DEANS COMMITTEE, MEDICAL ADVISORY COMMITTEE AND
OTHER ADVISORY BOARDS

II-75

12. SUITABILITY

II-75

13. GENERAL LICENSURE AND REGISTRATION REQUIREMENTS

II-76

14. LICENSURE FOR PHYSICIANS, DENTISTS, PODIATRISTS [,] OPTOMETRISTS
[, AND CHIROPRACTORS]

II-77

15. REGISTRATION FOR NURSES AND NURSE ANESTHETISTS

II-79

16. LICENSURE, REGISTRATION AND/OR CERTIFICATION FOR TITLE 38
ASSOCIATED HEALTH PERSONNEL

II-80

17. CONTINUING LICENSURE, REGISTRATION AND/OR CERTIFICATION
REQUIREMENTS FOR EMPLOYEES

II-81

18. REPORTING TO STATE LICENSING BOARDS

II-82

19. HEALTH STATUS OF APPLICANTS AND EMPLOYEES

II-82

20. NATIONAL PRACTITIONER DATA BANK

II-83

21. CREDENTIALS OF RESIDENTS AND TRAINEES

II-83

CONTENTS-CONTINUED

PARAGRAPH
PAGE

APPENDICES-Continued

II-G14.	OCCUPATIONAL THERAPIST QUALIFICATION STANDARD
II-G14-1	
II-G15.	LICENSED PHARMACIST QUALIFICATION STANDARD
II-G15-1	
[II-G16	DOCTOR OF CHIROPRACTIC QUALIFICATIONS STANDARD
II-G16-1]	
II-H.	APPOINTMENT PROCEDURES BY OCCUPATION/ASSIGNMENT
II-H1.	PROCEDURES FOR APPOINTING PHYSICIANS TO SERVICE CHIEF AND COMPARABLE POSITIONS
II-H1-1	
II-H2.	PROCEDURES FOR APPOINTING DENTISTS AND EFDAS
II-H2-1	
II-H3.	PROCEDURES FOR APPOINTING PODIATRISTS
II-H3-1	
II-H4.	PROCEDURES FOR APPOINTING OPTOMETRISTS
II-H4-1	
II-H5.	RECRUITMENT, APPOINTMENT, ADVANCEMENT, CHANGE IN ASSIGNMENT AND REASSIGNMENT OF REGISTERED NURSES (RNs) IN GRADES IV AND V
II-H5-1	
II-H6.	PROCEDURES FOR APPOINTING NURSE ANESTHETISTS TO SECTION CHIEF POSITIONS
II-H6-1	
II-H7.	PROCEDURES FOR APPOINTING PHYSICIAN ASSISTANTS AT CHIEF GRADE
II-H7-1	
II-H8.	PROCEDURES FOR APPOINTING CHIEFS OF PHARMACY SERVICE (ALL GRADES), CLINICAL PHARMACY/PHARMACY SPECIALISTS, AND PROGRAM SPECIALISTS AT GRADES GS-13 AND ABOVE
II-H8-1	
II-H9.	PROCEDURES FOR APPOINTING OCCUPATIONAL AND PHYSICAL THERAPISTS AS SECTION CHIEF
II-H9-1	
[II-H10	PROCEDURES FOR APPOINTING DOCTORS OF CHIROPRACTIC
II-H10-1]	
II-I.	ENGLISH LANGUAGE PROFICIENCY
II-I-1	
II-J.	REQUESTS FOR APPROVAL TO PETITION THE UNITED STATES DEPARTMENT OF STATE (DOS) FOR SUPPORT OF A WAIVER OF THE 2-YEAR HOME RESIDENCE REQUIREMENT OF THE UNITED STATES EXCHANGE VISITOR

PROGRAM BY THE IMMIGRATION AND NATURALIZATION SERVICE (INS)

II-J-1

II-K. **RCVL (RESIDENT/TRAINEE CREDENTIALS VERIFICATION LETTER)**

II-K-1

II-L. **CREDENTIALING CHECKLIST**

II-L-1

II-M. **SAMPLE CONSULTANT CERTIFICATE**

II-M-1

II-N. **CAREER INTERN PROGRAM**

II-N-1

*Use in conjunction with the OPM Standard.

SECTION D. QUALIFICATION STANDARDS

1. SCOPE. This section supplements and is to be used in conjunction with related parts of the 5 CFR, e.g., 338, and 339, and the instructions contained in the Office of Personnel Management (OPM) Operating Manual for Qualification Standards for General Schedule Positions and OPM's X-118C Handbook. The section provides VA policies and procedures for the development and use of qualification standards and examining guides for VA positions except:

- a. Excepted positions in the Veterans Canteen Service under 38 U.S.C. ch. 78.
- b. Positions filled by WOC (without compensation) employees. (See section A, paragraph 4c, this chapter.)
- c. Positions filled by physicians, dentists, optometrists, podiatrists, [chiropractors,] nurses, nurse anesthetists, physician assistants, expanded function dental auxiliaries, licensed practical nurses, physical therapists, occupational therapists, registered/certified respiratory therapists and pharmacists under 38 U.S.C., chapters 73 and 74.
- d. Positions filled by purchase and hire employees under VA's single-agency Schedule A appointment authority. (See paras. 5e(3) and 5i(1)(a) of section C, this chapter.) Qualification standards of comparable positions, however, will apply. (See OPM X-118C Handbook.)

2. POLICY

a. Qualification standards establish minimum requirements which are predictive of successful performance. These standards will be applied uniformly for like positions throughout VA, unless labor market conditions or atypical positions within an occupational group or other meritorious reasons warrant modifications or waivers of the standard to meet management objectives. Unless stated otherwise in the standard or other applicable instruction, the standards for noncompetitive actions will be the same as those for competitive appointments.

b. In the interest of sound human resources management, VA standards for positions not requiring formal technical or professional education or training will permit latitude for rotating and shifting employees in career development programs and other training and placement plans. Where feasible, standards will be developed or appropriately changed to permit the employment of persons who are economically disadvantaged or for persons with disabilities.

c. The application of qualification standards in VA is an integral part of the facility's overall human resources program. In that context, it includes, unless stated otherwise in an individual standard, application of those related policies and procedures in the following parts of the Code of Federal Regulations:

(1) 5 CFR, part 337, "Examining System," including the provision for giving appropriate credit to applicants for experience gained in religious, civic, welfare, service, and organizational activities, regardless of whether pay was received therefore.

PART II. APPOINTMENTS

CHAPTER 3. TITLE 38 APPOINTMENTS

SECTION A. GENERAL

1. SCOPE

a. **General.** This chapter contains administrative requirements and procedures relating to the appointment of individuals to occupations identified in 38 U.S.C. 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. 7405. This includes such employees as physicians, dentists, podiatrists, optometrists, [chiropractors,] nurses, nurse anesthetists, physician assistants (PAs), expanded-function dental auxiliaries (EFDAs), certified respiratory therapists (RTs) or registered respiratory therapists (RRTs), licensed physical therapists (PTs), licensed practical or vocational nurses (LPN/LVNs), occupational therapists (OTs), and pharmacists. This section also applies to medical support personnel appointed under authority of 38 U.S.C., chapter 73 or 74.

b. **Central Office Appointments.** Provisions of this section apply to Central Office employees in the occupations indicated in subparagraph a. who are appointed under 38 U.S.C. 7306, 7401(1), 7401(3), or 7405. The terms “medical center officials” and “facility Director or designee” refer in Central Office to the Under Secretary for Health or designee.

c. **Residents.** Medical and dental residents appointed under 38 U.S.C. 7406, and podiatry [,] optometry [, and chiropractic] residents and trainees appointed under 38 U.S.C. 7405 are included within the scope of this section. The term resident as used in this chapter includes interns.

d. **Exception from the Competitive Service and the Provisions of 5 U.S.C. Chapter 51.** The appointments of persons under the authority of sections 7306, 7401(1), and 7401(3), and under sections 7405 and 7406 to occupations identified in those sections, are excepted from the competitive service and from 5 U.S.C. chapter 51.

2. AUTHORITY AND RESPONSIBILITY

a. **Effecting Appointments.** Appointments will be effected only by appointing officers (responsible Human Resources Management Officer). These appointing officers will effect appointments after the approval of the qualifications and the selection for appointment has been made by the approving official designated below.

b. **Approval of Qualification and Selection for Appointment.** The approving authorities for appointment of certain research personnel, residents, and associated health trainees are contained in M-3 and M-8. The approving officials for appointment to positions in VHA under 38 U.S.C., chapter 73 or 74, will be as follows:

(e) **Optometrists.** The approval of the qualifications and selection of all optometrists appointed under authority of sections 7401(1) and 7405. Refer to appendices II-G5 and II-H4 for procedures for qualifying and appointing optometrists.

(f) **Nurse Anesthetists.** The approval of the qualifications and selection of nurse anesthetists, including Chiefs of Nurse Anesthesiology under authority of sections 7401(1) and 7405. Refer to appendices II-G7 and II-H6 for procedures for qualifying and making appointments to Chief, Nurse Anesthesiology positions.

(g) **PAs.** The approval of the qualifications and selection of all PAs, including those in Chief Grade under authority of sections 7401(1) and 7405. Refer to appendices II-G8 and II-H7 for procedures for qualifying and making appointments of PAs to Chief Grade.

(h) **EFDAs.** The approval of the qualifications and selection of all EFDAs appointed under the authorities of 7401(1) or 7405. Refer to appendices II-G9 and II-H2 for procedures for qualifying and appointing EFDAs.

(i) **Pharmacists.** The approval of the qualifications and selection of all pharmacists, including Chiefs of Pharmacy Service (all grades), clinical pharmacists/pharmacy specialists and program specialists in grades GS-13 appointed under the authorities of 7401(3) and 7405. Refer to appendices II-G15 and II-H8 for procedures for qualifying and appointing chiefs of pharmacy service, clinical pharmacy/pharmacy specialists, and program specialists at grades GS-13 and above. In addition, the Director may delegate authority to the Chief, Pharmacy Service, to approve the appointment of pharmacists at GS-12 and below, and of Assistant Chiefs, Pharmacy Service at GS-13.

(j) **PTs and OTs.** The approval of the qualifications and selection of PTs and OTs for section chief positions and positions at GS-12 appointed under the authorities of 7401(3) and 7405. The Director may delegate approval authority for appointments of other PTs and OTs to the Chief of Staff. Refer to appendices II-G12, II-H14 and II-H9 for procedures for qualifying and making appointments to section chief positions.

(k) **Respiratory Therapists.** The approval of the qualifications and selection of all RTs. The Director may delegate approval authority for appointments of RTs to the Chief of Staff appointed under the authorities of 7401(3) and 7405. Refer to appendix II-G11 for qualifying RTs.

(l) **LPNs/LVNs.** The approval of the qualifications and selection of all LPNs/LVNs appointed under the authorities of 7401(3) or 7405. The Director may delegate approval authority for appointments of LPNs to the Chief of Staff or to the Chief, Nursing Service. Refer to appendix II-G13 for qualifications.

[(m) **Chiropractors.** The approval of the qualifications and selection of all chiropractors appointed under authority of sections 7401(1) and 7405. Refer to appendices II-G16 and II-H10 for procedures for qualifying and appointing chiropractors.]

c. **Professional Standards Boards.** See section C of this chapter for provisions relating to the establishment, membership, and functions of Professional Standards Boards.

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

d. Human Resources Management Officer Responsibilities. The Human Resources Management Officer will be responsible for:

- (1) Adherence to administrative and regulatory requirements;
- (2) Review of each case for completeness before forwarding to Central Office;
- (3) Advising boards on administrative and regulatory requirements pertaining to appointments, advancements and probationary reviews;
- (4) Notifying prospective appointees of their selection.

3. APPOINTMENT REQUIREMENTS AND DETERMINATIONS

a. Preference to Veterans

(1) The primary consideration in making appointments of physicians, dentists, podiatrists, optometrists, [chiropractors,] nurses, nurse anesthetists, PAs and EFDAs under 38 U.S.C., chapter 73 or 74, will be the professional needs of VHA. Consistent with this policy, however, veterans will be given preference when qualifications of candidates are approximately equal. This includes qualified disabled veterans and preference eligibles as defined in 5 U.S.C. 2108.

(2) When candidates for positions identified in 38 U.S.C. 7401(3), such as RTs, PTs, LPNs, OTs, or pharmacists, are determined to be approximately equally qualified for a particular opening, hiring preference will be given to veterans and preference eligibles as defined in 5 U.S.C. 2108. Selections from among these candidates will be made in the following order:

- (a) Disabled veterans who have a service-connected disability of 10 percent or more.
- (b) Preference eligibles under 5 U.S.C. 2108(3) (C) through (G) other than those above (e.g. disabled veteran; unmarried widow or widower of a veteran who served on active duty in wartime or other designated service period; spouse of a service-connected disabled veteran not qualified for civil service employment; mother of a veteran who lost his/her life in wartime or other designated service period; mother of a service-connected permanently and totally disabled veteran.)
- (c) Preference eligibles under 5 U.S.C. 2108(3)(A) and (B) (i.e., veteran who served on active duty in wartime or other designated service period.)
- (d) All other candidates.

b. Dual Employment and Dual Compensation Restrictions

(1) Except as provided in the subparagraphs below, no full-time employee appointed under authority of 38 U.S.C., chapters 73 or 74, will concurrently hold any other type of **paid** appointment in VA.

(2) The following personnel may hold more than one appointment provided it is not contrary to 5 U.S.C. 5533 and VA Directive and Handbook 5007: full-time personnel appointed under 38 U.S.C. 7401(3), personnel in occupations listed in 38 U.S.C. 7401(3) who are appointed on a full-time or part-time basis under 38 U.S.C. 7405(a)(1)(B), and medical support personnel appointed on a full-time or part-time basis under 38 U.S.C. 7405(a)(1)(D). A medical resident may serve as an admitting physician

1. Oath, Affidavit, and Declaration of Appointee

(1) All employees of VHA appointed under authority of 38 U.S.C., chapter 73 or 74 (except those utilized on a fee basis) are required to take the oath of office and execute the affidavit (subversive activity), affidavit (striking against the Federal Government), and the declaration of appointee. Noncitizens shall be required to execute only those affidavits on Standard Form (SF) 61, Appointment Affidavit, outlined in the OPM Guide to Processing Personnel Actions. The SF 61 shall be executed in accordance with the requirements set forth in chapter 2, section A, paragraph 5e of this part.

(2) The services of those employees to whom authority to administer oaths has been delegated will be used for administering oaths necessary for effecting appointments in VHA.

m. **Security Requirements for Employment.** See VA Directive and Handbook 0710 for VA instructions concerning security requirements.

n. **Effective Date of Appointment.** Appointments will be effective on the entrance-on-duty day, except as follows:

(1) **Full-Time Physicians, Dentists, Podiatrists, Optometrists, [Chiropractors,] and [O]ther Personnel Appointed Under 38 U.S.C. 7306.** When an appointee is to enter on duty on Monday, the appointment will be effective on the preceding Sunday provided the employee is available for duty on that day. Sunday will be considered an administrative non-duty day. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(2) **Nurses, Nurse Anesthetists, PAs, EFDAs, RTs, PTs, LPNs, OTs and Pharmacists.** When the appointee is to enter on duty on the first Monday in a pay period, the appointment will be effective on the first Sunday of the pay period. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(3) **Restoration After Military Service or Compensable Injury.** An exception to these effective dates may be made if required to satisfy statutory or regulatory provisions such as restoration after military service or compensable injury.

o. **Overseas Employment.** See chapter 1, section C of this part.

p. **Grade and/or Step Adjustments.** If, on review of board actions by the appropriate Professional Standards Board, it is determined that an employee has been appointed at a grade and step rate within the grade which is not commensurate with qualifications, the approving authority for initial appointment may approve an adjustment in the grade and/or step rate within the grade. (See section E, paragraph 2, this chapter, for limitations on adjusting step rates within the grade for this purpose.) These adjustments in grade and/or step rate will be effected as of the beginning of the next pay period following approval. The nature of action on SF 50-B will be "Promotion" or "Change to Lower Grade," as appropriate. In the case of step rate adjustments, the nature of action on SF 50-B will be "Administrative Pay Increase" or "Administrative Pay Decrease," as appropriate. The authority for such actions will be "38 U.S.C. 7403." The following statement will be placed in "Remarks" on SF 50B for such actions: "Adjustment for consistency with standardized qualification requirements."

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

SECTION B. CREDENTIALING AND LICENSURE

1. GENERAL

a. Scope

(1) This section contains administrative requirements and procedures relating to the credentialing and licensure of applicants and employees appointed to occupations identified in 38 U.S.C. 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. 7405, including individuals utilized on an on-facility fee basis, on-facility contract or on-facility sharing agreement basis. This includes such employees as physicians, dentists, podiatrists, optometrists, [chiropractors,] nurses, nurse anesthetists, physician assistants (PAs), expanded-function dental auxiliaries (EFDAs), certified respiratory therapists or registered respiratory therapists (RTs), licensed physical therapists (PTs), licensed practical or vocational nurses (LVNs/LPNs), OTs (occupational therapists), and pharmacists. Provisions of this section apply to Central Office employees who are employed in the occupations indicated above under 38 U.S.C. 7306, 7401(1), 7401(3), or 7405. Individuals appointed under 38 U.S.C. 7405, whether paid or without compensation, on an intermittent or fee basis, including consultants and attendings, must be fully credentialed in accordance with provisions of this section, although they are considered employees only during periods when actually engaged in VA service.

(2) The provisions of this section should be used in conjunction with VHA Handbook 1100.19, "Credentialing and Privileging".

b. **Residents.** Medical, dental, podiatry [, chiropractic,] and optometry residents and trainees appointed under 38 U.S.C. 7405 or 7406 are included within the scope of this section. As indicated in paragraph 21 of this section, the appropriate program director is responsible for certifying that the credentials and licensure of residents and trainees have been verified prior to their appointment. Specific procedures described in paragraph 3 through 14 are not applicable to residents functioning within the scope of their training program, but program directors, where possible, should use verification procedures which are generally consistent with those described.

c. Definitions

(1) The terms "medical center officials" and "facility Director or designee" refer in Central Office to the Under Secretary for Health or designee.

(2) The term "credentialing" refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence and health status.

(3) The term "licensure" refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State in the form of a license and/or registration.

NOTE: *The term "state" means any of the states, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.*

references, and/or related information, and action by a board. However, a physician, dentist, podiatrist [,]

optometrist [, or chiropractor] will be appointed only after credentialing information is received and action has been taken by a Professional Standards Board (PSB).

(2) In exceptional circumstances and where required to meet an emergent patient care situation, the facility Director may approve the temporary appointment of a physician, dentist, podiatrist [,] optometrist [, or chiropractor] under 38 U.S.C. 7405 without prior action by a PSB. The Director will document for the record the specific circumstances and patient care situation which warranted such an appointment. The appointment will be made only after evidence of current, full and unrestricted licensure has been obtained and a judgment has been made that the individual is fully qualified for the assignment.

g. Applicant and Employee Responsibilities. Applicants and employees will provide evidence of licensure, registration, certification, and/or other relevant credentials, for verification prior to appointment and throughout VA employment as requested. They are responsible for keeping VA apprised of anything that would adversely affect or limit the credentials discussed in this section, and for advising VA of anything that would adversely affect or otherwise limit their clinical privileges. Failure to keep VA fully informed on these matters may result in administrative or disciplinary action.

h. Verification of Credentials After Short Breaks in Service. An applicant who has had a break in VA service of no more than 15 workdays may be reappointed in the same occupation without the full credentialing process required for initial appointment (i.e., verification of education background, licensure status, certifications by professional organizations, references, etc.). The applicant must complete a new employment application form and be recommended by the appropriate board, if action by a board is normally required for the type of appointment being considered. Facility officials will verify any licensure or qualification information that has not previously been documented in the personnel folder or the Credentialing and Privileging Folder, as appropriate. The official designated by the facility Director will note on the application form, in the space reserved for verification of credentials, the reason that credentials were not reverified. Typically, the reason will be that the break in service was for less than 15 workdays. Reverification of credentials is not required for residents or trainees who rotate for training during the academic year between a VA facility and its affiliate(s). (See paragraph 21 for resident credentialing procedures.)

NOTE: *For those subject to the credentialing and privileging provisions of VHA Handbook 1100.19, any break in service requires the verification of those credentials (time limited) which could have changed since last verified (State licensure, Drug Enforcement Administration (DEA) certification, board certification, etc.).*

2. APPLICATION

a. Application Forms. Candidates seeking employment under 38 U.S.C., chapter 73 or 74, must complete one of the following application forms:

(1) VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, [] Optometrists [, and Chiropractors];

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

(2) VA Form 10-2850a, Application for Nurses and Nurse Anesthetists;

(3) Ideally, references should be from authoritative sources, which may require that facility officials obtain information from sources other than the references listed by the applicant. As appropriate to the occupation for which the applicant is being considered, references should contain specific information about the individual's scope of practice and level of performance. For example, information on:

(a) The number and types of procedures performed, range of cases managed, appropriateness of care offered, outcomes of care provided, etc.

(b) The applicant's clinical judgment and technical skills as reflected in results of quality assurance activities and peer review, where appropriate.

(c) The applicant's health status in relation to proposed duties of the position and, if applicable, to areas where clinical privileges are being sought.

b. Former Federal Employees. For an applicant with prior Federal service, the personnel folder should be obtained before the individual is given a probationary or permanent appointment. If an applicant has prior VA service, an effort should be made to obtain a reference from officials at the facility where the applicant was previously employed.

5. PREEMPLOYMENT INTERVIEW. A personal interview is recommended prior to the appointment of any candidate under 38 U.S.C., chapter 73 or 74. The interview should normally be conducted at the VA facility where the individual is to be employed. Arrangements may be made for the interview to be conducted at another VA facility convenient to the applicant. The interview will be conducted by the appropriate official(s) designated by the facility Director. An interview report will be completed and filed with the application. Travel expenses for preemployment interviews may be paid only under provisions of 5 CFR, part 572. The appropriate chief consultant in Central Office may require that a personal interview be conducted for individuals in any occupation included within the scope of this section. All RNs and LPNs will be interviewed prior to appointment.

6. VERIFYING LICENSURE, REGISTRATION AND CERTIFICATION. As part of the credentialing process, the status of the applicant's licensure and/or registration and that of any required or claimed certifications will be thoroughly reviewed and verified. Specific requirements for these verifications are contained in paragraphs 13 through 17.

7. VERIFYING SPECIALTY CERTIFICATION

a. Definition. For the purposes of this paragraph, specialty certification means having fully completed the requirements of a recognized specialty board or other certifying organization, including the successful passing of the board or certifying examination, as appropriate.

b. Applicants. Prior to appointment, the Chief of Staff will sight evidence of specialty certification claimed by a physician, dentist [,] podiatrist, [or chiropractor,] and document that verification on the employment application, VA Form 10-2850. At the request of the Chief of Staff, the facility Director may delegate responsibility for obtaining information about a candidate's board certification. However, the Chief of Staff must personally sight the documentation and indicate this on the employment application form. For other applicants, the official designated by the facility Director will document verification of

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

through any source of a change in requirements, the employee is to act immediately to make the license whole at the earliest possible date, normally no more than 15 workdays after notification. If the employee is unable to make the license whole and, as a result, holds no full unrestricted license in a State, action to separate for failure to meet qualification requirements will be taken under VA Directive and Handbook 5021.

g. Administrative Delay by State Licensing Board

(1) Facility officials who learn that a State licensing board will be delayed in processing renewal applications past the licensure or registration expiration date should notify the [Recruitment and Placement Policy] Service (05[9]) so that a general notice to all VHA facilities can be issued. If no such notice has been issued, facility officials should verify with the State board that VA employees are considered to be fully licensed or registered during the delay period. Verification of current licensure or registration may be obtained through telephone contact with the State board pending receipt of the renewal.

(2) If an employee is unable to present evidence of current licensure or registration prior to the expiration date, facility officials should verify through written or telephone contact with the State board that the employee's application for renewal has been received and that the employee is considered to be fully licensed or registered. If officials are unable to verify this with the State board prior to the expiration date of licensure, the employee may be permitted to continue in a work status only if the employee certifies that application was made on a timely basis prior to the expiration date of licensure. The certification must include a statement that the employee understands that separation action may be initiated under provisions of VA Directive and Handbook 5021 if evidence of renewal is not received within 30 workdays of the expiration date. Where possible, evidence of the employee's application for licensure or registration renewal should be sighted.

h. Questionable Licensure Status. Circumstances may cause the status of an employee's license or registration to be questioned. If facility officials are uncertain whether an employee's license or registration meets statutory or regulatory requirements, a decision by the Regional Counsel will be requested.

i. Payment of Licensure or Registration Renewal Fees. VA employees are responsible for the payment of any required fees on a timely basis to assure that their licensure or registration is maintained on a current, active basis. If an affiliated institution normally pays such fees for VA employees who work part-time or have teaching agreements at that institution, this does not relieve the employee of the responsibility for assuring that licensure or registration is maintained in an active, current status.

14. LICENSURE FOR PHYSICIANS, DENTISTS, PODIATRISTS [,] OPTOMETRISTS [, AND CHIROPRACTORS]

a. General. Any physician, dentist, podiatrist [,] optometrist [, or chiropractor] appointed under 38 U.S.C., chapter 73 or 74 is required to possess an active, current, full and unrestricted license to practice medicine, surgery, osteopathy, dentistry, podiatry or optometry, as appropriate, in a State, and must furnish evidence of this prior to appointment. Current registration will be maintained in accordance with the

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

requirements of the State of licensure and evidence of such licensure and registration must be presented by the employee for verification periodically as requested throughout VA employment. A limited license or any other license less than a full, unrestricted State license, however denominated (e.g., temporary, limited, or institutional), will not meet the licensure requirement for appointment under 38 U.S.C., chapter 73 or 74.

b. Exceptions. The only exceptions to the licensure requirements are as follows:

(1) An individual who has met all the professional requirements for admission to the State licensure examination and has passed the examination, but who has been issued a State license which is limited on the basis of noncitizenship or not meeting the residence requirements of the State.

(2) An individual who has been granted an institutional license by the State which permits faculty appointment and full, unrestricted clinical practice at a specified educational institution and its affiliates, including the VA health care facility; or, an institutional license which permits full, unrestricted clinical practice at the VA health care facility. This exception will be used only to appoint an individual who is a well-qualified, recognized expert in the individual's field, such as a visiting scholar, clinician, and/or research scientist, and only under authority of 38 U.S.C. 7405. It may not be used to appoint an individual whose institutional license is based on action taken by a State licensing board as described in subparagraph d below.

(3) An individual who has met all the professional requirements for admission to the State licensure examination and has passed the examination, but who has been issued a time-limited or temporary State license or permit pending a meeting of the State licensure board to give final approval to the candidate's request for licensure. The license must be active, current and permit a full, unrestricted practice. Appointments of individuals with such licenses must be made under authority of 38 U.S.C. 7405 and will be time-limited not to exceed the expiration date of licensure.

(4) A resident who holds a license which geographically limits the area in which practice is permitted or which limits a resident to practice only in specific health care facilities, but which authorizes the individual to independently exercise all the professional and therapeutic prerogatives of the occupation. In some States, such a license may be issued to residents in order to permit them to engage in outside professional employment during the period of residency training. The exception does not permit the employment of a resident who holds a license which is issued solely to allow the individual to participate in residency training.

c. Verification. The Chief of Staff will ensure that the licensure and registration of physicians, dentists, podiatrists [,] optometrists [, and chiropractors are] verified prior to their appointment under 38 U.S.C. 7306, 7401, or 7405. This includes all individuals serving on a full-time, part-time, intermittent or on-facility fee basis (including consultants and attendings), whether paid or without compensation.

(1) **Licensure Verification With State Boards.** The Chief of Staff will document, on the VA Form 10-2850, Application for Physicians, Dentists, Podiatrists [,] Optometrists, [and Chiropractors,] that the status of all licenses has been verified with the appropriate State licensing board for all States in which the applicant lists having ever held a license. This includes licenses which the applicant lists as active,

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

Transmittal Sheet
June 16, 2004

current, full and unrestricted as well as licenses the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason. Although PSBs for initial appointments of dentists, podiatrists [,] optometrists [, and chiropractors] are normally held in Central Office or at a designated field facility, the Chief of Staff or designee is responsible for sighting verification of the licensure of these individuals.

(2) **Review of Employment Application.** For candidates with recent employment in a State in which no licensure is indicated on the application form, the State board should be contacted to assure that no restriction or revocation action has occurred.

(3) **Physician Screening with FSMB (Federation of State Medical Boards).** A query is not a mandatory requirement of the credentialing process. However, there may be times that a facility may want to query FSMB as a supplement to other information obtained in the credentialing and privileging process. Facilities wishing to query the FSMB are to obtain the appropriate software directly from the FSMB. Queries are to be submitted directly from the querying entity to the FSMB and paid for by the querying entity.

d. **Licensure History.** An individual who has current, unrestricted license in one State, but who has, or has ever had, any license to practice revoked, suspended, denied, restricted, limited, issued/placed on a probationary basis, or who has entered into any other type of voluntary or involuntary agreement with a State licensing board regarding the individual's practice, will not be hired without prior consideration of all relevant facts surrounding the action by the appointing official. A lesser level of scrutiny is required for an individual who has allowed license(s) to lapse because the individual has not paid a registration fee, no longer practices in a State, or does not meet a residency requirement.

e. **Waiver of Licensure Requirement**

(1) The Appointing Official may waive the licensure requirement if a physician, dentist, podiatrist [,] optometrist [, or chiropractor] is to be used in a research, academic, or administrative position where there is no direct responsibility for patient care.

(2) The facility Director may waive the licensure requirement if the individual is to serve in a country other than the United States and the licensure is in that country (i.e., Philippines).

15. REGISTRATION FOR NURSES AND NURSE ANESTHETISTS

a. **General.** Any nurse or nurse anesthetist appointed under 38 U.S.C., chapter 73 or 74 is required to possess active, current, full and unrestricted registration as a graduate professional nurse in a State, and must furnish evidence of this prior to appointment. Current registration will be maintained and evidence of this must be presented by the employee for verification periodically as requested throughout VA employment. A limited registration or any other registration less than a full, unrestricted State registration will not meet the registration requirement for appointment.

b. **Verification.** The HRMO or Chief, Nursing Service, (or equivalent position) or designee, as appropriate, must verify the registration of all nurses and nurse anesthetists prior to their appointment

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

under 38 U.S.C., chapter 73 or 74. This includes full-time, part-time, intermittent and on-facility fee basis

Department of Veterans Affairs

5005/7

Washington, DC 20420

VA HANDBOOK

Transmittal Sheet

June 16, 2004

nurses and nurse anesthetists (including consultants), whether they are paid or serving without compensation. Nurses utilized on an on-facility contract or on-facility sharing agreement basis are also covered by provisions of this paragraph.

physician who is familiar with the duties the individual is privileged to perform. (For residents, see paragraph 21.)

20. NATIONAL PRACTITIONER DATA BANK SCREENING. See VHA Handbook 1100.19.

21. CREDENTIALS OF RESIDENTS AND TRAINEES

a. **General.** Medical, dental, podiatry [,] optometry [, and chiropractic] residents and trainees appointed under 38 U.S.C. 7405 or 7406 must meet the licensure requirements for residents and trainees specified in the appropriate qualification standard for the occupation. If licensure is required, evidence of licensure must be furnished prior to appointment and periodically throughout VHA employment as requested.

NOTE: See M-8, part II, for residency and trainee program requirements. See VHA Handbook 1400.1 for clinical practice and privileging requirements.

b. Verification

(1) Before the Director approves the appointment of any resident or trainee in an integrated program, whether paid or without compensation, [a] Resident/Trainee Credentials Verification Letter (RCVL) signed by the program director of the affiliate, for the occupation or specialty involved, must be submitted through the Chief of Staff for approval by the Director. If the residency or training program is not integrated with an affiliate, the VA facility program director must verify all credentials of residents or trainees and sign the RCVL. A new RCVL is required for each academic year that the resident or trainee is appointed to a VA facility.

(2) The RCVL must certify that all the documents needed for the appointment of that particular individual into the program are in order. For medical residents, these documents must be in compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME), and must also meet all requirements of the program. The program director must verify all credentials (diplomas, letters of reference, certificates of advanced training, and, where applicable, Educational Council for Foreign Medical Graduates (ECFMG) certification, DEA certification, and all State professional licenses held prior to entry into the program or obtained during residency training), and affirm that the resident or trainee is physically and mentally fit to take care of patients. (See appendix II-I of this chapter for sample RCVL letter.)

(3) The program director will notify the facility Director if a resident or trainee has had any problems concerning credentials. Specifically, this will include any problems relating to diplomas, references, previous residency or other training, licensure, clinical privileges, DEA certification, and/or professional liability insurance as indicated on the employment applications. (VA Form 10-2850b for medical and dental residents, and VA Form 10-2850c or Standard Form 171 or OF-612 and OF-306 for other residents and trainees.)

(4) Residents functioning within the scope of their training program must meet clinical practice requirements as specified in VHA Handbook 1400.1. The RCVL must certify that ACGME-established

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet

June 16, 2004

criteria for the essentials and special requirements for residency training programs have been followed by the program director, or in certain cases, by the appropriate VA service chief. Such residents are

SECTION C. PROFESSIONAL STANDARDS BOARDS

1. ESTABLISHMENT

a. Professional Standards Boards for occupations listed in 38 U.S.C. 7401(1) act for, are responsible to, and are agencies of the Under Secretary for Health in matters concerning appointments, advancements, and probationary reviews of physicians, dentists, podiatrists, optometrists, [chiropractors,] nurses (RNs), nurse anesthetists, PAs and EFDAs. Boards will determine eligibility and recommend the appropriate grade for appointments under authority of 38 U.S.C. 7401(1) and 7405(a)(1); recommend candidates for advancements; administer professional examinations; and conduct probationary reviews.

b. Professional Standards Boards for occupations listed in 38 U.S.C. 7401(3) act for, are responsible to, and are agencies of the Under Secretary for Health in matters concerning appointments and advancements of individuals such as RTs, PTs, LPNs/LVNs, OTs and pharmacists. Boards will determine eligibility and recommend the appropriate grade level for appointment under authority of 38 U.S.C. 7401(3) and 7405(a)(1), and will recommend candidates for advancements.

c. Members of boards serve in a dual capacity. They must deal with matters in which they must divest themselves of their identity with the particular facility at which they are employed and must become representatives of and primarily concerned with the needs and problems of the entire VHA.

2. APPROVING AUTHORITIES FOR BOARD MEMBERSHIP. The following officials will approve board membership. (For composition of boards, see paragraph 5 [].)

a. **Central Office Boards.** The Under Secretary for Health, or designee, will approve membership of Central Office boards.

b. **VISN Boards.** The Network Director will establish VISN boards to consider actions when a facility board cannot be properly constituted, except for Dental Professional Standards Boards (see paragraph 2d []). The Network Director or designee will approve membership of VISN boards. VISN boards for nurses in grades IV and V are established by the Chief Consultant, Nursing Strategic Health Care Group (see appendix II-H5).

c. **Facility Boards.** The facility Director will approve membership of boards. The Chief of Staff will recommend physicians, nurse anesthetists, PAs, RTs, PTs, and OTs for board membership. The Nurse Executive will recommend nurses and LPNs/LVNs for board membership. The Chief, Pharmacy Service, will recommend pharmacists for board membership.

d. **Dentist and EFDA Boards.** Facility directors are to establish Dental Professional Standards Boards and will approve board membership on recommendation of the Chief, Dental Service. Facilities unable to constitute Dental Professional Standards Boards shall make arrangements to have their boards conducted at other locations.

3. DESIGNATION OF ALTERNATE BOARD

a. Whenever necessary, the Under Secretary for Health, or designee, may designate a VISN board to serve one or more VISNs.

b. When the facility board cannot be properly constituted, actions will be referred to the appropriate VISN Board.

c. Central Office PSBs will act on Central Office actions and review recommendations of local or VISN Boards which require approval of the Under Secretary for Health or designee. [Except for reconsideration requests from RNs \(see part III, chapter 4, paragraph 7, this handbook\)](#), Central Office PSBs will act on promotion reconsideration requests only when a VISN board was part of the initial review process. The Under Secretary for Health or designee will appoint Central Office PSBs.

[\[Note: The appointment and advancement of chiropractors will be conducted by the Central Office PSB. \(See part II, chapter 3, Appendix H10.\)\]](#)

d. [An alternate VISN Board will be established by the Network Director to review actions when a VISN board cannot be properly constituted.](#)

4. BOARD MEMBERSHIP

a. [Persons selected to serve on boards will be chosen from the most capable, experienced and responsible personnel.](#) Unless otherwise indicated, no specific grade or specialty is required of members of boards considering candidates for appointment, advancement, or probationary review. For a nurse, nurse anesthetist, PA, EFDA, RT, PT, LPN, OT or pharmacist, board members will be in a grade equal to or higher than the grade for which the candidate is being considered. In addition, nurse and nurse anesthetist board members must be at or above the level in the grade for which the employee is being considered.

b. [Insofar as possible, facility directors who are physicians or dentists, nurse executives, and chiefs of pharmacy service will not serve as members of boards. These officials and the Chief of Staff will be responsible for the effective functioning of boards in professional matters.](#)

c. Boards will be composed of three employees appointed under 38 U.S.C. chapter 73 or 74, except that other members may be appointed by the Under Secretary for Health, or designee, in VA Central Office. One of the members will be appointed as chairperson of the board. For nurses, the board may have either three or five members.

d. [The Human Resources Management Officer or designee will serve as technical advisor on all board actions. Attendance at Board meetings is not required.](#)

5. COMPOSITION OF BOARDS

a. **Physicians.** The board will be composed solely of physicians. [The Chief of Staff will serve as chairperson of the facility board for appointments and advancements of physicians, except that when the](#)

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

positions of Director and Chief of Staff are combined, a senior chief of service will serve as chairperson. Members of the facility board for appointments and advancements of physicians will be senior chiefs of services.

b. **Dentists.** Dental Professional Standards Boards will be composed of three members of whom at least two shall be dentists, and the Chief of Staff or designee will serve as the Chairperson.

c. **Podiatrists.** The board will be composed of one physician and two podiatrists. The chairperson will be a physician.

d. **Optometrists.** The board will be composed of one physician and two optometrists. The chairperson will be a physician.

e. **Nurses.** The board will be composed solely of nurses. Nurse PSBs may have three or five members. Members of VISN boards will be designated from Nurse IVs and Vs at facilities serviced by the VISN board. The Chairperson of the VISN board will be the Nurse Executive at the facility where the VISN board is located. (See appendix II-H5).

f. **Nurse Anesthetists.** The board will be composed of three physicians, two physicians and one nurse anesthetist, or one physician and two nurse anesthetists. The chairperson will be a physician.

g. **PAs.** The board will be composed of two physicians and one PA, or one physician and two PAs. Physicians on boards dealing with PAs should generally be from services which utilize PAs. The chairperson will be a physician. Facilities that cannot properly constitute a board that includes at least one PA will have a PA at another VA facility within their VISN designated as a member of that facility's PA board.

h. **EFDAs.** The board will be composed of three members of whom at least two shall be dentists, and the Chief of Staff or designee will serve as chairperson of the board.

i. **RTs.** The board will be composed of three physicians, or two physicians and one RT. The chairperson will be a physician.

j. **PTs.** The board will be composed of one physician and two PTs, or two physicians and one PT. The chairperson will be a physician. The membership of VA Central Office boards will typically be the same, but individuals with related expertise may be appointed when appropriate.

k. **OTs.** The board will be composed of one physician and two OTs, or two physicians and one OT. The chairperson will be a physician. The membership of VA Central Office boards will typically be the same, but individuals with related expertise may be appointed when appropriate.

l. **Pharmacists.** The board will be composed of three pharmacists, one of whom will be designated chairperson. The membership of VA Central Office boards will typically be the same, but individuals with related expertise may be appointed when appropriate.

Transmittal Sheet
June 16, 2004

m. **LPNs.** The board will be composed of two registered nurses and one LPN. In Central Office, the Board will consist of three registered nurses. In each case, the Chairperson shall be a registered nurse.

[n. **Chiropractors.** The board will be composed of one physician and two chiropractors. The chairperson will be a physician.]

6. BOARD FUNCTIONS. The primary functions of boards are to:

a. Review and act on employment applications and determine whether the applicant meets the requirements set forth in VA qualification standards. *Sound professional and administrative judgment will be exercised in reviewing applications to ensure that VA obtains the best qualified personnel. Care will also be exercised to see that all applicants are treated courteously. All applicants, following board action, will be informed of the status of their applications. Those who are found ineligible for appointment in VHA will be informed of the reason.*

b. Review completely an individual's qualifications for advancement *by an examination of the personnel folder, proficiency reports or performance appraisals, supervisory evaluations, and other pertinent records*; and to make recommendations based on their findings.

c. Conduct probationary reviews for individuals appointed under 38 U.S.C. 7401(1).

d. *Execute VA Form 10-2543, Board Action.*

e. Central Office boards make recommendations to the Under Secretary for Health or designee on appointments and advancements, and on probationary reviews of individuals appointed under 38 U.S.C. 7401(1), which require approval in Central Office. *This includes recommendations on requests for promotion reconsideration by registered nurses.*

7. EXCEPTIONS. The Under Secretary for Health or designee may establish procedures for appointing employees without action by a Professional Standards Board in instances such as:

a. Temporary appointment pending processing by a Professional Standards Board for an appointment under 38 U.S.C. 7401(1) and 7401(3).

b. Conversion of an employee appointed under 38 U.S.C. 7401(1) or 7401(3) to an appointment under 38 U.S.C. 7405(a)(1).

c. Conversion of an employee from an appointment under 38 U.S.C. 7405(a)(1) to an appointment under 38 U.S.C. 7401(1) or 7401(3), provided the employee had previously acquired permanent status under 38 U.S.C. 7401(1) and has had continuous service under 38 U.S.C., chapter 73 or 74 since acquiring such status.

d. Appointment of a graduate nurse technician, graduate physical therapists, graduate practical or vocational nurses, graduate occupational therapists, and graduate pharmacists appointed under 38 U.S.C. 7405(a)(1).

Transmittal Sheet
June 16, 2004

8. DIRECTOR DISAGREEMENT WITH BOARD RECOMMENDATION. When the facility Director is the approving official for a board action, the Director's decision is final. This does not preclude employees from requesting promotion reconsideration under the provisions of part III, chapter 4, paragraph 7 of this handbook.

9. LOCATION OF BOARDS

a. **Central Office Boards.** Boards are established in VA Central Office to act on appointments, advancements, probationary reviews and promotion reconsideration requests for Central Office and VISN office employees. In addition, the Central Office Physician Professional Standards Board acts on appointments and probationary reviews for Chiefs of Staff, as well as appointments, advancements, and probationary reviews for other Executive Grade field positions (such as VISN product line manager). The Central Office Nurse PSB acts on all promotion reconsideration requests from registered nurses, all waivers of education requirements at Nurse IV (for employees who are not in Nurse Executive positions), and on all appointments, advancements, probationary reviews, and reassignments involving Nurse Executive positions at Nurse IV, as well as all actions involving positions at Nurse V.

[Note: The appointment and advancement of chiropractors will be conducted by the Central Office PSB. (See part II, chapter 3, Appendix H10.)]

b. **Facility Boards.** Facility boards will be established to act on all appointments, advancements and probationary reviews, when a board can be properly constituted as provided in paragraph 5 above.

c. **VISN Boards for Nurse Positions at Nurse IV.** The VISN NPSB shall consider the appointment, advancement, change in assignment and reassignment of registered nurses in Nurse IV (other than Nurse Executives). The appropriate VISN NPSB is identified in appendix II-H5.

d. **VISN Boards for RTs, PTs, LPNs/LVNs, OTs and Pharmacists.** A VISN PSB for each occupation will be established within each VISN, at the facility designated by the Network Director, to consider appointments and advancements of individuals in these occupations. The VISN Board will act on appointments and advancements when a facility board cannot be properly constituted, and will consider requests for reconsideration or review of promotions initially considered by a facility Standards Board. An alternate board will be established within each VISN, at another facility designated by the Network Director, to process appointments and advancements initiated by the facility where the primary board is located and to serve as a substitute board when the primary board cannot be properly constituted.

SECTION E. GENERAL APPOINTMENT PROVISIONS UNDER 38 U.S.C. CHAPTER 74

1. APPOINTMENT PROCESSING REQUIREMENTS

a. **Applications Received by Facilities.** Applications received by facilities will be referred promptly to Human Resources Management Service. The Human Resources Management Officer will review applications for compliance with administrative and regulatory requirements. Candidates who fail to meet these requirements and thus fail to qualify for appointment will be notified by the Human Resources Management Officer. Applications from selectees who meet VHA requirements for appointment will be referred to the appropriate Professional Standards Board (PSB) for necessary action as follows:

(1) Selection and Appointment Action

(a) The PSB will evaluate qualifications and recommend a grade level based on VA qualification standard requirements. The board will also recommend a rate of pay with due consideration being given to prior service and professional achievement. (See VA Directive and Handbook 5007.) The board will complete the VA Form 10-2543, Board Action, and forward all documents through the approving authority to the Human Resources Management Officer, who will effect the appointment action. For actions which require the approval of the Under Secretary for Health or designee, the facility board will enter its recommendations on VA Form 10-2543, and forward all documents through channels for approval. On approval, the originals will be returned to the facility.

(b) For physician service chiefs and comparable positions, see appendix II-H1.

(c) For podiatrists, see appendix II-H3.

(d) For optometrists, see appendix II-H4.

(e) For chiefs of nurse anesthesiology sections, see appendix II-H6.

(f) For physician assistants (PAs) at Chief Grade, see appendix II-H7.

(g) For chiefs of pharmacy service (all grades), clinical pharmacy/pharmacy specialists, and program specialists at Grades GS-13 and above, see appendix II-H8.

(h) For occupational and physical therapists as section chief, see appendix II-H9.

(i) For registered nurses at grades IV and V, see appendices II-H5.

(j) For Dentists and EFDAs[,], see appendix II-H2.

[(k) For doctors of chiropractic, see appendix II-H10.]

NOTE: See section B, paragraph 11 of this chapter for provisions relating to Deans Committee recommendations. See M-3 for selection of Medical Investigators and Clinical Investigators appointed under this authority.

(2) **Action When No Facility Vacancy.** When a facility receives an application and no appropriate vacancy exists at that facility, and the applicant wishes employment elsewhere, the HRM Officer will [] advise the applicant [to consult the VHA vacancy database www.vacareers.com for] the location of current vacancies. [At the applicant's request,] the application will be referred for employment consideration to the VA facility of the applicant's choice which has a suitable vacancy.

b. **Applications Received by Central Office.** If the applicant is to be considered for facility assignment, the application will be referred to the facility of the applicant's choice and processed as provided in subparagraph (1). If the applicant is to be considered for Central Office assignment, an interview may be conducted in Central Office or at a VA facility determined to be more convenient. The appropriate Central Office PSB will consider the applicant's professional qualifications, enter its recommendations on VA Form 10-2543, and forward all forms to the appropriate approving authority. The Central Office Human Resources Service (035) in Central Office will take the necessary appointment action.

c. **Applicants Not Recommended for Appointment.** When an applicant is not recommended for appointment, the standards board shall record its findings on VA Form 10-2543, and send this form to the approving official. After approval of the Board Action, the applicant will be notified by the chairperson of the PSB in a letter over the signature of the Chief of Staff or appropriate approving authority that the individual's appointment has not been recommended. The letter will briefly state the basis for the action. The letter should be reviewed by the Human Resources Management Officer for adherence to technical requirements.

2. APPOINTMENT ABOVE THE MINIMUM FOR SUPERIOR QUALIFICATIONS

a. Full-time, part-time, or intermittent physicians, dentists, podiatrists, optometrists, [chiropractors,] nurses, nurse anesthetists, PAs and EFDAs, who meet the qualification requirements for appointment, may have their initial rate of pay fixed at a step rate above the minimum of the appropriate grade in recognition of superior qualifications, experience, and/or achievement exceeding the expected standards for the grade. The initial rate of pay may be set at any step rate within the grade (See VA Directive and Handbook 5007.)

b. Individuals appointed under authority of 38 U.S.C. 7401(3), or under authority of 38 U.S.C. 7405 to occupations identified in section 7401(3), may be appointed above the minimum step of the grade under provision of VA Directive and Handbook 5007. This includes RTs, PTs, LPNs, OTs, and pharmacists.

c. Appointment at a step rate above the minimum shall be based on conclusive evidence of superior qualifications which equates to the step rate assigned. Qualifications used to meet minimum grade level requirements in the qualification standard will not be used to also justify appointment at a step rate above the minimum of the grade. The following are examples of appropriate criteria:

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

(1) Significant and distinguished contribution in some phase of the appropriate occupation as evidenced by difficult and original research, writing and publications in professional media of stature, or special recognition in teaching or professional practice.

SECTION F. APPOINTMENTS UNDER 38 U.S.C. 7401

1. GENERAL. The primary consideration, prior to making selections and appointments under this authority, is to evaluate qualifications and personal characteristics as they relate to what is essential to successful performance of assigned responsibilities. Prior to effecting appointments under this authority, Professional Standards Boards and selecting officials are required to determine that the candidate's professional qualifications, physical and mental capacity, emotional stability, and any other pertinent qualifying factors, warrant a permanent appointment. The use of this appointment authority should essentially provide tenure for the employee and ensure the continuation of quality service for VHA. (See section G for procedures concerning full-time temporary, part-time, intermittent or fee basis appointments under 38 U.S.C. 7405.)

2. APPOINTMENTS UNDER 38 U.S.C. 7401(1). Only full-time permanent appointments of physicians, dentists, podiatrists, optometrists, [chiropractors,] nurses, nurse anesthetists, PAs, and EFDAs are made under authority of section 7401(1). These appointments are subject to a two-year probationary period requirement as specified in 38 U.S.C. 7403(b)(1).

3. PROBATIONARY PERIOD FOR 38 U.S.C. 7401(1) APPOINTEES

a. Purpose of Probationary Period

(1) The probationary period is an extension of the appointment process. It provides the final test of the appointee's qualifications, i.e., actual performance on the job. During the probationary period, the employee's conduct and behavior will be closely observed. The employee may be separated from the service if not found fully qualified and satisfactory. Thus, the probationary period provides a safeguard against retention of any person who, in spite of having met legal and regulatory requirements for appointment, is found in actual practice to be unsuited for permanent employment in Veterans Health Administration (VHA).

(2) The probationary period also affords an opportunity for fostering the interest of the employee in a VA career. Thoughtful and considerate treatment during the probationary period will have a lasting effect on the employee's career. It will enhance employee performance and often ensure useful and efficient service by employees who might otherwise resign, be separated, or be retained in assignments in which they have little prospect of success.

(3) The probationary period cannot serve as a full and fair trial period without the full cooperation of supervisors and managers at all levels. New employees, particularly those with no prior Federal service, should not be expected to immediately render services which would normally be required of experienced and trained employees. During the initial period of employment, a sincere effort must be made by supervisors and human resources management officials to orient employees into the new work situation and to provide essential training and instruction.

(4) Retention of employees during the probationary period shall be contingent upon demonstrating that they are fully qualified and satisfactory. Only those employees who satisfactorily complete the probationary period shall acquire status as permanent employees in VHA.

b. Length of Probationary Period. The probationary period for employees appointed on or after December 20, 1979, is 2 years. Employees who have not previously completed a probationary period, but have creditable service before December 20, 1979, must complete the 3-year probationary period which was in effect when they were originally appointed under 38 U.S.C. 4104(1). For example, a physician who was originally given a full-time appointment on February 1, 1977, was converted to a part-time appointment on February 1, 1979, and back to a full-time appointment under 38 U.S.C. 7401(1)

on February 1, 1993. Although credit is given for the 2 years of probationary service gained before February 1, 1979, the physician must complete the 3-year probationary period by serving in a probationary appointment through January 31, 1994. Employees with no creditable probationary service before December 20, 1979, are only required to serve a 2-year probationary period.

c. Last Day of Probationary Period

(1) For employees paid on a daily basis (physicians, dentists, podiatrists, [] optometrists [, and chiropractors]), the probationary period ends at midnight on the last calendar day before the employee's anniversary date, whether or not the employee is in a duty status that day. For example, a probationary period beginning November 1, 1997, ends at midnight October 31, 1999.

(2) For employees paid on an hourly basis (nurses, nurse anesthetists, PAs (physician assistants), and EFDAs (expanded-function dental auxiliaries)[)], the probationary period is completed at the end of the last scheduled duty before the employee's anniversary date. (For the purposes of this paragraph, scheduled duty includes normal and overtime duty, leave, excused absence, including holidays, and absence without leave.) For example, a probationary period beginning November 1, 1997, is completed as follows:

(a) For an employee whose last duty occurs at 4:30 p.m. on October 31, 1999, the probationary period is completed at 4:30 p.m., October 31, 1999.

(b) For an employee whose last tour of duty is from 11:00 p.m., October 31, 1999, to 7:00 a.m., November 1, 1999, the probationary period is completed at midnight October 31, 1999.

(c) For an employee whose last duty (because of days off) is 4:30 p.m., October 29, 1999, the probationary period is completed at 4:30 p.m., October 29, 1999.

(d) If completed satisfactorily, the employee will automatically attain status as a permanent employee.

d. Creditable Service. The following service is creditable toward completion of the probationary period:

(1) Continuous service in an appointment under 38 U.S.C. 7401(1) or 7306.

(2) Leave with pay during creditable service.

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

(3) Leave without pay during creditable service not exceeding a total of 40 calendar days for physicians, dentists, podiatrists [,] optometrists [, or chiropractors,] or 235 hours for nurses, nurse anesthetists, PAs, and EFDAs during creditable service. **NOTE:** *When determining this total, each hour of leave without pay taken by a nurse or nurse anesthetist on the Baylor Plan is to be multiplied by 1.667.*

(4) Prior satisfactory probationary service of at least 6 months duration followed by break(s) in service totaling 1 year or less if the break was not due to separation for cause. A break in service is defined for the purpose of this subparagraph as a period during which no service is rendered under 38 U.S.C. 7306, 7401(1), or 7405(a).

(5) Time before restoration during which a probationary employee received work injury compensation from the Office of Workers' Compensation Programs.

(6) Time spent in a probationary period served under 38 U.S.C. 7403(b) prior to holding some other type of appointment in VHA if the employee is subsequently appointed under 38 U.S.C. 7401(1), provided the conditions of subparagraph d above are met.

e. Requirement For Serving New Probationary Period. Employees who satisfactorily completed the probationary period required by 38 U.S.C. 7403(b) will not serve a new probationary period upon reappointment unless their separation was for cause.

f. Periodic Reviews

(1) Informal Reviews

(a) Supervisors will review the services of employees on a continuing basis through observation and evaluation of their performance and conduct during the probationary period. They must remain aware of this responsibility, both when judging employee performance and when acclimating employees to their work environment. The acclimation will include careful explanations of the duties and responsibilities of the position, opportunities for development, and applicable employment and conduct regulations and procedures.

(b) When the employee has had an opportunity to learn what is expected, the supervisor should give consideration to any inadequacies in performance or conduct. The employee's weak points should be discussed objectively and suggestions made for improvement. If the employee's performance is considered good or outstanding in some aspect, this fact should be made known to the employee. If the employee's adjustment and performance are not satisfactory, the employee's immediate or higher supervisor will submit a written request for formal or summary review through channels to the official authorized to approve further review of the employee's services. This request will describe the employee's deficiencies, and the supervisor's efforts, such as training, modification of assignments, use of preceptors, etc., to assist the employee. The request may be initiated any time during the probationary period, and may be made notwithstanding past or pending proficiency ratings or the results of any previous probationary review. If the immediate supervisor is the authorizing official, the same information is to be forwarded in writing to the Chairperson of the appropriate Professional Standards Board for consideration as a part of the summary review.

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

SECTION G. APPOINTMENTS UNDER 38 U.S.C. 7405

1. TEMPORARY FULL-TIME APPOINTMENTS UNDER 38 U.S.C. 7405(a)(1)

a. **General.** Temporary full-time appointments are made under authority of section 7405(a)(1). These appointments may be made when they are in the best interest of the service, such as under the following circumstances:

(1) To employ individuals in occupations identified in sections 7401(1) and 7401(3) when the work to be performed by the employee is of a temporary nature and can be completed within a 3-year or shorter period.

(2) To employ nurses, nurse anesthetists, PAs, EFDAs, RTs, PTs, LPNs/LVNs, OTs or pharmacists pending processing of probationary appointments when the applicants meet the basic requirements for appointment. Such appointments may be effected without board action. This includes appointments above the minimum step of the grade for nurses, nurse anesthetists, PAs and EFDAs provided the application and related documentation show evidence of superior qualifications as described in section E, paragraph 2 of this chapter.

(3) To employ physicians pending processing of probationary appointments when probationary appointments require the approval of the Under Secretary for Health or designee.

(4) To employ residents who have just completed their formal VA residency training and are awaiting probationary appointment.

(5) To reemploy annuitants.

(6) To employ noncitizens when it is not possible to recruit qualified citizens for necessary services.

(7) To employ nonlicensed physicians, dentists, podiatrists, [] optometrists [, and chiropractors] for utilization in research or academic positions or in positions where there is no direct responsibility for the care of patients. (See section B, paragraph 14[.])

(8) To employ nonlicensed physicians, dentists, podiatrists, optometrists, [chiropractors,] or unregistered nurses and nurse anesthetists when the individual is to serve in a country other than the United States and the individual is licensed or registered in the country in which the individual is to serve. (See section B, paragraphs 14 & 15[.]) []

(9) To employ physicians in the Research and Development Program as research associates who have been selected in accordance with procedures in M-3.

(10) To employ physicians in the Distinguished Physician Program who have been selected in accordance with procedures in M-2, part I.

June 16, 2004

2. Folders will be maintained alphabetically by appointment category and filed in a location designated by the facility.

4. APPOINTMENT OF PROFESSIONAL AND TECHNICAL PERSONNEL ON A FEE BASIS UNDER 38 U.S.C. 7405(a)(2)

a. **General.** On recommendation of the Chief of Staff, the facility Director may appoint professional and technical personnel on an on-facility fee basis under authority of 38 U.S.C. 7405(a)(2). The Chief, Dental Service, will recommend appointments of dentists and EFDAs. Appointments may be made for an indefinite period of time.

b. **Application.** Applicants will submit an appropriate application form to the facility where they seek employment. Forms to be used are VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, [] Optometrists [, and Chiropractors]; VA Form 10-2850a, Application for Nurses and Nurse Anesthetist; VA Form 10-2850c, Application for Associated Health Occupations; OF 612 and OF 306; or former SF 171, Application for Federal Employment. All items will be completed in sufficient detail to enable the responsible official to make determinations concerning citizenship, licensure or registration, and other qualifications. In emergency situations, the facility Director may approve appointments of individuals who have not completed an application if applicants meet appropriate qualification requirements. (See section B, this chapter, for credentialing requirements, including those related to emergency appointments.)

c. Selection

(1) The Chief of Staff will determine qualifications, select and recommend physicians, podiatrists, [chiropractors ,] optometrists, nurses, nurse anesthetist and PAs. The Chief, Dental Service will do this for dentists and EFDAs.

(2) The HRM Officer will determine qualifications for other professional and technical personnel consistent with VA or Office of Personnel Management requirements. The appropriate program officials will select and recommend employment for these individuals.

d. Appointment

(1) **Approval Authority.** The facility Director will approve appointments.

(2) **Letter of Appointment.** The facility Director or Human Resources Management Officer (HRM) Officer will sign a letter of appointment giving all pertinent details. The original of the letter will be given to the appointee, with copies to Human Resources Management Service, Fiscal Service, and the utilizing service.

(3) **Special Duty Nurses.** These nurses will normally be appointed not to exceed 1 year under 38 U.S.C. 7405(a)(2). They are subject to Social Security coverage and are processed for security purposes under Executive Order 10450, unless the period of employment is specifically limited to 6 months or less.

Transmittal Sheet
June 16, 2004

(4) **Payments in Kind.** When facilities are available, students in certain designated programs approved by the Under Secretary for Health or designee, in return for services rendered, may be furnished quarters and subsistence during the whole or any part of the training period. Uniforms also may be laundered by VA if facilities are available. Instructions for making such payments “in kind” are contained in M-1. If a payment “in kind” is authorized, additional copies of VA Form Letter 10-294 will be prepared and submitted to appropriate services at the facility.

d. **Noncitizens.** Noncitizens may be utilized on a WOC basis when no qualified citizens are available and it is deemed to be in the interest of the facility.

8. OVERSEAS EMPLOYMENT OF NON-U.S. CITIZENS UNDER TITLE 38 U.S.C. 7405

(a)(1)

a. **Scope.** This paragraph contains basic policies and procedures for appointing non-U.S. citizens at the VA Regional Office Outpatient Clinic, Manila, Republic of the Philippines in the following occupations:

(1) Physicians, dentists, podiatrists, optometrists, [chiropractors,] RNs, nurse anesthetists, PAs, and EFDAs appointed under 38 U.S.C. 7405 (a)(1).

(2) Individuals appointed under 38 U.S.C. 7405(a)(1) to occupations listed in 38 U.S.C. 7401(3), such as RTs, PTs, and LPNs/LVNs, OTs, and pharmacists.

(3) Medical support personnel.

(4) Trainees in health care or associated health care occupations appointed under 38 U.S.C. 7405(a)(1).

b. **Appointment Authority.** The [R]egional [O]ffice Director may appoint the following personnel:

(1) The categories of personnel listed in paragraph a(1) and (2) above may be appointed on a temporary full-time, part-time, intermittent, without compensation, or fee basis.

(2) Medical support personnel may be appointed on a temporary full-time basis not to exceed 3 years, or on a temporary part-time or intermittent basis not to exceed one year.

(3) Trainees in health care or associated health care occupations may be appointed on a full-time, part-time or intermittent basis with or without a time limit.

c. Qualification and Licensure Requirements

(1) VA Qualification Standards will be used to determine the appropriate grade levels for applicants appointed under provisions of this paragraph. The Regional Office Director may, under unusual circumstances, approve a deviation from the grade requirements when the composite record of qualifications justifies the action.

[APPENDIX G16. DOCTOR OF CHIROPRACTIC QUALIFICATION STANDARD
Veterans Health Administration

1. COVERAGE. The following are the overall requirements for appointment as a doctor of chiropractic in the Veterans Health Administration (VHA).

2. SECTION A. BASIC REQUIREMENTS

a. **Citizenship.** Citizen of the United States. (Non-citizens may be appointed when it is not possible to recruit qualified citizens in accordance with chapter 3, section A, paragraph 3g, this part.)

b. **Education.** Degree of doctor of chiropractic, or its equivalent, resulting from a course of education in chiropractic. The degree must have been obtained from one of the schools or colleges approved by the Secretary of Veterans Affairs for the year in which the course of study was completed. Approved schools are:

(1) United States schools or colleges of chiropractic listed as accredited by the Council on Chiropractic Education, at <http://www.cce-usa.org/>, or equivalent agency, in the list published for the year in which the course of study was completed.

(2) Schools (including foreign schools) accepted by the licensing body of a State, Territory, or Commonwealth of the United States (i.e., Puerto Rico), or in the District of Columbia as qualifying for full or unrestricted licensure.

c. **Licensure or Registration**

(1) **Doctor of Chiropractic (Except Residents).** Current, full and unrestricted license to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia. The facility Director may waive this requirement if the doctor of chiropractic is to serve in a country other than the United States and the doctor of chiropractic has licensure in that country.

(2) **Residents.** Licensure in a State, Territory, or Commonwealth of the United States, or in the District of Columbia before completion of the first year of a VA residency. Unlicensed residents must meet any registration or other equivalent requirements established for chiropractic residents of non-VA facilities or chiropractic clinics with which the VA facility is affiliated for training purposes during the first year of VA residency.

(3) **Impaired Licensure.** A doctor of chiropractic who has, or has ever had, any license(s) revoked, suspended, denied, restricted, limited, or issued/placed on a probationary status may be appointed only in accordance with the existing VA provisions applicable to other independent licensed practitioners, in chapter 3, section B, paragraph 14, this part.

NOTE: *Licensure may be waived by the Under Secretary for Health or designee in Central Office, for individuals in research or academic assignments involving no direct patient care in accordance with current regulations.*

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

d. **Physical Standards.** See VA Directive and Handbook 5019, Occupational Health.

e. **English Language Proficiency.** Doctors of chiropractic appointed to direct patient-care positions must be proficient in spoken and written English as required by 38 U.S.C. 7402(d) and 7407(d).

3. SECTION B. GRADE REQUIREMENTS. In addition to the basic requirements stated above, the following qualifications criteria must be met in determining the appropriate grade assignment of candidates.

a. **Associate Grade.** None beyond the basic requirements.

b. **Full Grade.** Two years of full-time chiropractic practice or its equivalent. One year of full-time post-graduate residency specialty training from a chiropractic school or college accredited by the Council on Chiropractic Education, or equivalent agency approved by the Secretary of Veterans Affairs, is acceptable in lieu of the 2 years of practice. Candidate must have demonstrated the professional competence and performance necessary to provide independently the full range of clinical diagnosis and chiropractic treatment for the most prevalent neuro-musculoskeletal conditions including subluxation complex.

c. **Intermediate Grade.** A doctor of chiropractic at the Intermediate grade meets the requirements for Full grade and the requirements in subparagraphs 3c(1) and (2):

(1) A total of 4 years of chiropractic practice or its equivalent. Acceptable in lieu of 4 years of practice is completion of a 3-year full-time post-graduate residency program from an accredited U.S. chiropractic college, as evidenced by documentation of completion (e.g., transcript), which renders the doctor of chiropractic eligible for certification by a specialty board recognized by the American Chiropractic Association, the International Chiropractors' Association, or the American Board of Chiropractic Specialties to obtain Diplomate status.

(2) Demonstrates a high level of professional attainment. Examples of such attainment are:

(a) Is a recognized expert in dealing with a variety of unusually difficult chiropractic cases which are referred by other facilities for resolution and recommended courses of action to provide for maximum rehabilitation. Typically, in this capacity serves as a consultant to doctors of chiropractic or other professionals in other health care facilities.

(b) Has assumed responsibility for a multi-faceted chiropractic program including clinical research and/or training requiring a high degree of competence and skill in developing innovative, new and advanced diagnostic and treatment techniques. Typically, the program is in an educationally affiliated health care facility having a chiropractic training program of moderate scope involving liaison with other medical services and affiliated schools.

(c) Played a significant part in the conduct of research in a problem area of considerable scope and complexity that required novel approaches and which resulted in answers to important questions or important changes in existing methods and techniques. Publications authored by the doctor of

chiropractic are of considerable value to others in the individual's field. Typically, overall contributions are recognized by serving on important committees or other bodies in the profession.

(d) Has full responsibility for carrying out a chiropractic training program of significant size in which the doctor of chiropractic is responsible for maintaining liaison with the affiliated school and other educational institutions and professional or scientific organizations. The individual has displayed innovative approaches in development of curriculum and course content and in expanding and improving the educational program.

d. **Senior Grade.** The Senior grade is restricted to selected leadership positions. The individual's qualifications, as well as the scope and complexity of the assignment, are considered. A doctor of chiropractic at the Senior grade meets the requirements for Intermediate grade and the requirements in subparagraphs 3d(1) and (2):

(1) The doctor of chiropractic at this grade will meet one or more of the following:

(a) Possesses such academic stature as would warrant a faculty appointment of a professorial level (i.e., full professor) in a school or college of chiropractic or other appropriate affiliated school or college.

(b) Has been awarded Diplomate status by a specialty board recognized by the American Chiropractic Association, the International Chiropractors' Association, or the American Board of Chiropractic Specialties and is currently in good standing with the specialty board.

(2) Demonstrates superior professional attainment. Examples of such attainment are:

(a) Serves as a team leader in addressing major chiropractic problems affecting the continued provision of quality care health services at a Veterans Integrated Service Network or national level. The recommendations and conclusions of the doctor of chiropractic are highly regarded.

(b) Has assumed responsibility for carrying out a major chiropractic program segment on a national level.

(c) Conducts research in a difficult area of major scientific interest that has contributed to a substantial advance in the chiropractic health field with important professional publications.

e. **Chief Grade.** The Chief grade is restricted to selected leadership positions. The Individual's qualifications, as well as the scope and complexity of the assignment, are considered. A doctor of chiropractic at the Chief grade meets the requirements for Senior grade and must demonstrate a sustained very high level of professional performance with evidence of the exceptional professional and/or administrative development in subparagraphs 3e(1) and (2):

(1) Has assumed substantial professional and/or administrative responsibilities in which the individual is expected to fully advise and make professional clinical and educational recommendations as to courses of action on problems and considerations of national scope. The doctor of chiropractic at

this level has responsibility for a major chiropractic program segment on a nationwide basis and is consistently called upon to represent the organization in an authoritative manner in matters dealing with development of new and/or revised concepts and programs having a major impact upon the academic, medical, and chiropractic communities.

(2) Has demonstrated outstanding professional attainment. Examples of such attainment are:

(a) Achievement of outstanding results in research that is regarded as having a major impact on advancing the field.

(b) Significant number of noteworthy publications in nationally recognized professional journals.

f. Chiropractic House Staff.

(1) **First-Year Residents.** Meets requirements specified in section A of this Appendix. Obtain licensure to practice chiropractic in a State, Territory, or Commonwealth of the United States, or in the District of Columbia during the first year of VA residency.

(2) **Second-Year Residents.** Meet requirements specified in section A. In addition, must have competed 1 year of approved residency training or its credible equivalent from an accredited U.S. chiropractic college.

(3) **Third-Year Residents (if applicable).** Have the qualifications of the second-year resident. In addition, must have competed 2 years of approved residency training or its credible equivalent from an accredited U.S. chiropractic college.

g. Attendings.

(1) Meet all basic requirements specified in section A of this appendix.

(2) Possess a demonstrated satisfactory ability in chiropractic; be capable of assisting in maintaining accepted standards of professional chiropractic care in VA facilities; and be capable of accepting full responsibility for such proper care and treatment of their assigned patients.

(3) Be an outstanding member of the local chiropractic community of the caliber of a faculty member. Where the attending does not hold a faculty appointment at an affiliated chiropractic or other appropriate affiliated school or college, this would be evidenced by a recommendation of the Deans Committee or equivalent body. The attending is capable of giving adequate training to chiropractic residents or students in facilities conducting residency and/or training programs and be sufficiently qualified as to be acceptable to appropriate training review committees for the direction of training.

h. Consultants.

(1) Meet all basic requirements specified in section A of this appendix.

(2) Possess outstanding professional clinical ability in chiropractic; be capable of affording the facility Director and appropriate Chief of Service, the benefits of their professional experience and counsel; and be capable of rendering such professional chiropractic services as may be required in maintaining the highest possible level of chiropractic care and services in VA facilities.

(3) Be capable of accepting the responsibility for, and direction of, the educational training of residents in the program for which they serve as the consultant at facilities conducting residency training programs. Consultants not holding faculty appointments at an affiliated chiropractic or other appropriate school or college should possess the equivalent professional qualifications as evidenced by an appropriate recommendation for appointment from the Deans Committee or equivalent body responsible for the recommendation of consultant appointments to the VA facility.

4. SECTION C. DEVIATION. The appointing official may, under unusual circumstances, approve reasonable deviations to the grade determination requirements in section B for doctors of chiropractic whose composite record of accomplishments, performance, and qualifications warrant such action based on demonstrated competence to meet the requirements of the proposed grade.

Authority: 38 U.S.C. 7304; 7402.]

**[APPENDIX H10: PROCEDURES FOR APPOINTING AND ADVANCING
DOCTORS OF CHIROPRACTIC**

SCOPE. This appendix establishes procedures for the appointment and advancement of all doctors of chiropractic in VHA.

1. APPOINTMENT PROCEDURES

- a. The facility initiates recruitment procedures.
- b. The appropriate facility officials screen, interview, and tentatively select a candidate for the position.
- c. Once a candidate is identified, the application package, along with a board action request, is sent through the VISN Office to the VA Central Office Chiropractor Professional Standards Board which will evaluate qualifications and recommend a grade level based on the VA Qualifications Standard for Doctors of Chiropractic. Board action packages will be addressed to the Medical Surgical Services Strategic Healthcare Group (111).
- d. After consideration by the Board, a recommendation will be recorded on the board action form, which will be returned to the facility along with the board action package. The facility Director will approve or disapprove the recommendation for appointment.

NOTE: *Submissions to the VA Central Office Chiropractor Professional Standards Board shall include the application form, proof of current licensure, specialty board certification, faculty appointment if any, residency training if any, and proposed clinical privileges for the proposed selectee. The package must also contain documentation regarding the recruitment process that was used to solicit applications, including copies of any paid advertising that was done. Information on the number of qualified applicants must be provided, along with the rationale for selection of the proposed candidate. If a noncitizen is proposed for appointment, the facility must submit applications of all citizen applicants for the position and an explanation of why each citizen applicant did not qualify for the position.*

2. ADVANCEMENT PROCEDURES

- a. Chiropractors who are eligible for promotion consideration will be submitted to the VA Central Office Chiropractor Professional Standards Board for review.
- b. Facility recommendations for Chiropractors to receive special advancements for performance or special advancements for achievement will be reviewed by the VA Central Office Chiropractor Professional Standards Board. Guidance for special advancements can be found in VA Handbook 5017, Employee Recognition and Awards.
- c. Board action packages and supporting documentation (current proficiency report and board action folder) will be prepared and sent by the facility Director through the VISN Office to the VA Central Office

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

Chiropractor Professional Standards Board. Detailed justifications must accompany requests for special advancements. Board action packages and supporting documentation will be addressed to the Medical Surgical Services Strategic Healthcare Group (111).

d. After consideration by the Board, a recommendation will be recorded on the board action form, which will be returned to the facility along with the board action package. The facility Director will approve or disapprove the recommendation for promotion or advancement.]

APPENDIX I. ENGLISH LANGUAGE PROFICIENCY

1. GENERAL

a. No person will be appointed under authority of 38 U.S.C. chapter 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English. This includes all full-time, part-time, intermittent, without compensation, consultant, attending, and on-facility fee-basis appointments.

b. The facility Director is responsible for identifying all positions involving direct patient-care responsibilities and for determining which applicants are proficient in English. The Director may delegate responsibility for carrying out the administrative functions required to make the language proficiency determinations to the HRM Officer or designee.

c. When a VA facility serves a substantial number of veterans with limited English-speaking ability, the Director must ensure the identification of sufficient numbers of staff members who are fluent in both the language most appropriate to these veterans and in English.

d. The General Counsel has determined that, in making language proficiency determinations and assessments, the Uniform Guidelines on Employee Selection Procedures (41 CFR 60-3) do not apply. However, the facility Director should try to minimize, if possible, any disproportionate adverse impact on members of groups whose primary and native written and spoken language is not English.

2. DEFINITIONS

a. **Required English Language Proficiency.** Ability to communicate in spoken and written English with patients and other health care personnel with sufficient fluency to satisfactorily carry out assigned responsibilities.

b. **Direct Patient-Care Capacity.** Face-to-face contacts with a patient for the purpose of providing care, diagnosis, counseling, or treatment. This does not include personnel in nondirect patient-care capacities who may come in contact with patients incidental to their primary job responsibilities. This does include trainees in all health care occupations. This may include, but is not limited to:

(1) Any person technically and/or professionally responsible for supervising the performance of direct patient-care activities such as the Chief of Staff, service or section chief, clinical service supervisors, etc;

(2) Any person responsible for contributing diagnostic, treatment, or counseling information for the patient's medical record;

(3) Any physician or dentist (including residents), podiatrist, optometrist, [chiropractor,] nurse, nurse anesthetist, physician assistant (PA) or expanded-function dental auxiliary (EFDA), except those appointed under authority of 38 U.S.C. 7405 solely for the purpose of carrying on activities other than direct patient care, such as purely academic or research activities;

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

(7) For residents appointed to an integrated graduate training program (i.e., accredited in the name of an affiliated institution), certification by the Deans Committee or Medical Advisory Committee of having met the written and spoken English proficiency requirements.

4. TOEFL (TEST OF ENGLISH AS A FOREIGN LANGUAGE)

a. If a physician, dentist, podiatrist, optometrist, [chiropractor,] nurse, nurse anesthetist, or PA does not meet the above criteria or if proficiency is questionable even though one or more criteria are met, the candidate must successfully complete the TOEFL before a determination of proficiency is made. Successful completion of the paper-based version of this test is the achievement of a minimum converted total score of 550 and a minimum converted total score of 213 on the computer-based version. Where the three-part test is taken, a minimum unconverted score of 55 on each of the three parts of the paper-based version, or an unconverted score of 21 on the computer-based version is required.

b. The TOEFL is administered by Educational Testing Services, Inc., of Princeton, NJ, several times each year in centers around the country. For application materials and information about tests (including testing center locations, filing, deadlines, and test dates), facilities or applicants should call 609-771-7100, or [access the website](#). Payment for testing and training of applicants for employment will not be made by VA.

5. QUESTIONABLE PROFICIENCY

a. If an individual in any occupation not listed in paragraph 4a above, including any EFDA, RT, PT, LPN, OT or pharmacist, does not meet the proficiency criteria or if proficiency is questionable even though one or more criteria are met, the facility Director will determine on an individual basis whether the individual is sufficiently proficient for the assignment involved. Although English language proficiency tests are not required, extreme caution should be exercised in assessing written and spoken English proficiency. This can normally be accomplished through personal interview, reference checks, etc., conducted by the appointing official. In doubtful cases, a final determination should be made only after review and interview by a second management official whose native language is English.

b. If any person, at a facility where the primary written and spoken language of the predominant number of patients is other than English, has not demonstrated proficiency as indicated above, or if proficiency is questionable, the facility Director will determine on an individual basis whether the individual is sufficiently proficient for the assignment involved. This determination will be made as described above.

6. DOCUMENTATION. The determination that an employee is proficient in English will be documented on the appointment SF 52, Request for Personnel Action, which will be retained for the duration of VA employment.

7. TEMPORARY APPOINTMENT PENDING PROFICIENCY DETERMINATION

a. A physician, dentist, podiatrist, optometrist, [chiropractor,] nurse, nurse anesthetist, or PA may be appointed under 38 U.S.C. 7405(a)(1)(A) pending successful completion of the TOEFL. The

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

facility

Director or designee will determine on an individual basis, through personal interview, reference checks,
etc., that

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

ATTACHMENT TO RCVL

(Dental, Podiatry [,] Optometry [, and Chiropractic] Residents/Trainees)

Academic Year_____

(List all residents/trainees by program.)

Name

Program

CONTENTS-CONTINUED

PARAGRAPH
PAGE

CHAPTER 3. PROMOTION (TITLE 5)-Continued

12. CAREER PROMOTIONS	
III-30	
13. PROHIBITED PRACTICES	
III-33	
14. SUPERVISORY POSITIONS	
III-34	
15. TEMPORARY PROMOTIONS	
III-35	
16. EMPLOYEE AND LABOR RELATIONS	
III-35	
17. GRIEVANCES	
III-36	
18. PROMOTION RECORDS	
III-37	
19. SELECTION PROCEDURE DOCUMENTATION	
III-38	
20. PERIODIC REVIEW	
III-39	
21. CORRECTIVE ACTIONS	
III-39	

CHAPTER 4. TITLE 38 ADVANCEMENTS

1. GENERAL	
III-41	
2. PERSONS AUTHORIZED TO ACT ON RECOMMENDATION OF BOARDS FOR ADVANCEMENTS	
III-42	
3. PROFESSIONAL STANDARDS BOARDS AND STANDARDS BOARDS	
III-42	
4. PROMOTION - GENERAL	
III-42	
5. PROMOTION OF PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS, [CHIROPRACTORS,] PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, PHARMACISTS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS CERTIFIED RESPIRATORY THERAPISTS, REGISTERED RESPIRATORY THERAPISTS, AND LICENSED PRACTICAL OR VOCATIONAL NURSES	
III-45	
6. PROMOTION AND ADVANCEMENT TO A HIGHER LEVEL	

WITHIN THE GRADE OF REGISTERED NURSES AND NURSE ANESTHETISTS

III-47

7. PROMOTION RECONSIDERATION AND REVIEW

III-52

8. EFFECTING ADVANCEMENT AND PROMOTION ACTIONS

III-55

9. ADJUSTMENT OF PROMOTIONS OR ADVANCEMENTS TO A HIGHER
LEVEL WITHIN THE GRADE

III-56

10. ADVANCEMENT OF RESIDENTS

III-56

11. TEMPORARY CHIEF OF STAFF ASSIGNMENTS (PROMOTIONS)

III-56

12. DETAILS, TEMPORARY REASSIGNMENTS, AND TEMPORARY
PROMOTIONS FOR REGISTERED NURSES AND NURSE ANESTHETISTS

III-57

13. OTHER GRADE CHANGES

III-58

CHAPTER 4. TITLE 38 ADVANCEMENTS

1. GENERAL

a. This chapter contains instructions and procedures governing the advancement of physicians, dentists, podiatrists, optometrists, [chiropractors,] registered nurses (RNs), nurse anesthetists, physician assistants (PAs) and expanded-function dental auxiliaries (EFDAs) appointed under authority of 38 U.S.C. 7401(1) or 7405(a); pharmacists, physical therapists (PTs), occupational therapists (OTs), certified respiratory therapists (CRTs), registered respiratory therapists (RRTs), and licensed practical or vocational nurses (LPNs/LVNs) appointed under authority of 38 U.S.C. 7401(3) or 7405(a); and medical and dental residents appointed under authority of 38 U.S.C. 7406. **NOTE:** *Residents serving under a disbursement agreement are excluded from coverage under the provisions of this chapter.*

b. The advancement system shall provide advancement opportunities for employees, predicated upon the recognition of the quality of service rendered, additional experience and professional attainment as determined by an examination of the employee's individual record.

c. To meet the criteria for advancement, the individual must have demonstrated professional and/or administrative growth. Examination of the individual's total record must reveal evidence that the contribution to VA medical service is of sufficient value to warrant advancement. Potential for continuously greater contribution is also a prerequisite. Judgment and decisions of boards will be sufficient to ensure that advancement is fully merited and not recommended based on meeting administrative requirements alone. The individual's total record and professional stature will be carefully evaluated and supported by documentary evidence as necessary.

d. Advancement actions will be taken without discrimination for such reasons as age, race, color, religion, sex, national origin, lawful partisan political affiliation, marital status, physical or mental disability (when the employee is qualified to do the work), or membership or non-membership in a labor organization, or any other irrelevant factor.

e. Advancement actions will conform to the restrictions governing the employment of relatives. (See VA Handbook 5025, Legal.)

f. Advancement opportunities shall include:

(1) **Promotion.** Advancement to a higher grade in recognition of substantially greater service to the patient and VA.

(2) **Advancement**

(a) Advancement of physicians and dentists to Director grade for assumption of responsibilities of a Director of a medical center, medical and regional office center, domiciliary, or independent outpatient clinic and advancement of physicians to Executive grade for assumption of responsibilities of Chief of Staff at a medical center, medical and regional office center, domiciliary, independent outpatient clinic, or comparable position.

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

June 16, 2004

c. **Effective Date.** The effective date of a promotion or an advancement to a higher level within a grade is the 1st day of the pay period following administrative approval by the appropriate authority, but not earlier than the date on which all administrative requirements for consideration have been met.

d. **Notification of Eligibility.** Human Resources Management Officers are responsible for assuring that appropriate officials are notified approximately 60 days in advance of the date employees meet the administrative requirements for promotion, except that for podiatrists [,] optometrists [, and chiropractors] in Associate or Full grade, physician assistants in Associate grade and expanded-function dental auxiliaries in Junior grade, notification of consideration for promotion will be made approximately 60 days in advance of the anniversary date of grade. If the employee is not promoted, these notifications shall continue to be made annually approximately 60 days prior to the anniversary date of grade until a change in grade occurs. A longer period for consideration, not to exceed 3 years, may be established by the approving authority when a nurse or expanded-function dental auxiliary does not meet the qualification standard requirements of education or required experience.

e. Administrative Requirements for Consideration

- (1) A current proficiency rating of "Satisfactory[.]"
- (2) Time-in-grade requirements (see Appendix III-L, this part)
- (3) The experience and education requirements set forth in VA Qualification Standards

f. Service Which May Be Credited Toward Meeting Time-In-Grade Requirement - Promotion

(1) Continuous full-time, part-time and intermittent paid employment rendered under 38 U.S.C. 7401(1) and 7405(a)(1), or under 38 U.S.C. 7406 as a medical or dental resident. For hybrid employees appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B), prior VA service in the same occupation at the next lower level is creditable.

(2) All leave with pay.

(3) Full-time, part-time and intermittent paid employment under authority of 38 U.S.C. ch. 73 or 74 which is:

(a) Rendered prior to a separation other than for cause, provided such period of separation was not in excess of 3 years.

(b) Rendered prior to a period of approved LWOP irrespective of the length of such period.

(4) Continuous temporary full-time and part-time paid employment under 38 U.S.C. 7405(a)(1) as a graduate nurse technician, graduate physician assistant or graduate nurse anesthetist rendered prior to appointment under 38 U.S.C. 7401(1) or 7405(a)(1), without a break in service for more than 3 calendar days.

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

Transmittal Sheet
June 16, 2004

(5) LWOP approved for educational purposes which has been granted on the premise that it will ultimately be to the advantage of VA.

(6) LWOP for pharmacists and OTs is creditable towards meeting time-in-grade requirements.

(7) LWOP granted for other than educational purposes not to exceed 30 calendar days for full-time physicians, dentists, podiatrists, [] optometrists, [and chiropractors,] and 22 days for those who are part-time, for each year of time-in-grade required, up to a maximum of 120 calendar days or 88 workdays, respectively. LWOP granted for other than educational purposes not to exceed 176 hours (22 workdays) for full and part time registered nurses and nurse anesthetists for each year of time-in-grade required, up to a maximum of 528 hours (66 workdays). LWOP granted for other than educational purposes not to exceed 176 hours (22 workdays) for physician assistants and expanded-functional dental auxiliaries for each year of time-in-grade required, up to a maximum of 352 hours (44 workdays). The maximum amount of LWOP for other than educational purposes which may be granted toward meeting the time-in-grade requirements is 176 hours (22 workdays) for PTs, CRTs, RRTs and LPNs/LVNs. LWOP in excess of such amounts requires employees to serve an additional number of days or hours equal to such excess.

(8) Active military duty when otherwise creditable service was interrupted thereby and the employee exercises statutory restoration rights.

(9) Service not to exceed 120 calendar days between discharge or termination from the Armed Forces and reemployment under mandatory provisions of any statute or regulation.

(10) All time during which an employee receives benefits under the Federal Employees' Compensation Act, provided sufficient service has been performed so that the candidate can be properly evaluated.

g. **Examination.** As prescribed by the Under Secretary for Health, Professional Standards Boards shall administer professional examinations appropriate in character and scope for the specialty and profession of the examinee. Such examinations will comprise discussions of professional and/or administrative subjects appropriate to the proposed grade, specialty, experience and assignment of the examinee and shall be sufficiently comprehensive to indicate the capability of such examinee. Examinations ordinarily will be oral but may be in written form at the discretion of the board.

h. **Promotion Grade Adjustment.** The Under Secretary for Health or a designee may direct that the grade of an employee be adjusted if it is determined upon review that an employee has not been promoted in accordance with the promotion requirements.

June 16, 2004

5. PROMOTION OF PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS, [CHIROPRACTORS,] PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, PHARMACISTS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, CERTIFIED RESPIRATORY THERAPISTS, REGISTERED RESPIRATORY THERAPISTS, AND LICENSED PRACTICAL OR VOCATIONAL NURSES

a. **Requirements for Physicians and Dentists.** Except for those in Chief grade and above, physicians and dentists will become eligible for periodic consideration for promotion to the next higher grade after they fully meet all the requirements specified below:

(1) Current proficiency rating of “Satisfactory.”

(2) Served the required time-in-grade as stipulated in appendix L, this part.

(3) For promotion to Full and Intermediate grades, the physician or dentist must have demonstrated professional competence and performance which merit advancement through demonstrated skills and aptitudes in the direct care of patients. There must be evidence of professional growth with potential for assuming greater professional responsibility.

(4) For promotion to Senior grade, the physician or dentist must have shown professional attainment through recognized proficiency in the care and treatment of patients or completion of an approved residency with a demonstrated high level of performance. There must be evidence of professional growth and development.

(5) For promotion to Chief grade, the physician or dentist must have demonstrated a sustained high level of professional performance with evidence of exceptional effort, ability and contribution in the care and treatment of patients. There must be evidence of professional and/or administrative development, along with sustained professional growth. In addition, they must meet either subparagraph [(5)](a) or (b) []:

(a) Actual assumption of substantial professional and/or administrative responsibilities; or,

(b) Outstanding professional attainment. Examples of such attainment are:

1. A faculty appointment (post residency) at professional rank.

2. Achievement of outstanding results in research.

3. Outstanding clinical development (including publications).

4. Notable recognition by national professional societies or groups.

Transmittal Sheet
June 16, 2004

b. Requirements for Podiatrists, Optometrists, [Chiropractors,] Physician Assistants, Expanded Function Dental Auxiliaries, Pharmacists, Occupational and Physical Therapists, Certified Respiratory Therapists, Registered Respiratory Therapists, and Licensed Practical/Vocational Nurses. Before they can be considered for promotion, employees in the above occupations must have a current proficiency rating of “Satisfactory” or a current performance appraisal of “Successful”. In addition, these employees must meet the time-in-grade requirements as specified in appendix L, this part. These employees must meet the same grade requirements, including the specified demonstrated accomplishments, as for appointment. Any deviation or exception to these requirements will be limited to those specified in the appropriate qualification standard. (See part II, appendix D [.] [].

c. Processing Procedures (See appendix III-M, this part [.])

(1) Notification of Eligibility

(a) Approximately 60 days prior to the date the employee meets the time-in-grade requirement for consideration for promotion, the health care facility will receive from the Austin Automation Center (AAC) VA [F]orm 97, Notice of Pending Personnel Action, in duplicate, identifying the employee and stating that the employee meets the time requirements for promotion as of the date specified. In addition, VA Form 97 will indicate if there is a satisfactory proficiency on record and the amount of leave without pay (LWOP) since the beginning of the waiting period to the date VA Form 97 is issued. (VA Form 97 will be received approximately 60 days prior to the anniversary date of grade for podiatrists [,] optometrists [, and chiropractors] in Associate or Full grade, physician assistants in Associate grade and for expanded-function dental auxiliaries in Junior grade.)

(b) If the employee is not promoted, the AAC will continue to send the VA Form 97 annually until a change in grade occurs. The VA Form 97 will be forwarded to the appropriate supervisory official. An employee who is not promoted will be reconsidered on the next anniversary date of grade. A longer period for consideration, not to exceed 3 years, may be established by the approving authority when an expanded-function dental auxiliary does not meet the qualification standard grade requirements of education or required experience. In these cases, the Human Resources Management Office will tab the service control file and will destroy the VA Form 97 for the year(s) when the employee is not to receive consideration.

(c) Licensed practical and licensed vocational nurses at the GS-6 grade level are an exception to paragraphs (a) and (b) above. Such employees are to be considered for promotion on the first anniversary date of grade. However, they may be recommended for promotion at any other time thereafter, provided they meet the administrative requirements for promotion and it is determined that their scope of practice warrants their advancement to GS-7. Approximately 60 days prior to the first anniversary date of grade the facility will receive a VA Form 97 from the AAC. If the employee is not promoted, additional automated eligibility notifications will not be issued. However, supervisors may recommend employees at any time after the first anniversary date of grade.

(b) If the employee is not promoted, the AAC will continue to send the VA Form 5-97 annually until a change in grade occurs. The VA Form 5-97 will be forwarded to the appropriate supervisory official. An employee at Nurse II and below who is not promoted or advanced to a higher level within the grade will be considered for promotion or advancement to a higher level within the grade on the next anniversary date of grade. On and after October 1, 2005, a longer period for consideration, not to exceed 3 years, may be established by the NPSB when a registered nurse at Nurse II and below does not meet the qualification standard grade requirements of education or required experience. In these cases, the Human Resources Management office will tab the service control file and will destroy the VA Form 5-97 for the year(s) when the employee is not to receive consideration.

NOTE: *Upon completion of the degree requirement, a registered nurse or nurse anesthetist may be considered for promotion if the administrative requirements are met. This is the only time a registered nurse or nurse anesthetist may be considered for promotion other than on the anniversary date of grade.*

(6) **Waiver of Experience and /or Degree Requirements.** The appointing official may authorize a waiver of experience and/or the degree requirements for individuals whose professional accomplishments, performance, and qualifications warrant such consideration based on demonstrated ability to meet the requirements for promotion to the next higher grade or advancement to a higher level within the grade (see the VA Nurse Qualification Standard). In considering a registered nurse for promotion to Nurse III or below, the appropriate NPSB will determine whether or not the individual should be recommended for promotion or advancement to a higher level within the grade with a waiver of the experience and/or degree requirements.

(7) **Recommendations of Nurse Professional Standards Boards.** If consideration of a registered nurse promotion or advancement to a higher level within the grade by the Under Secretary for Health or designee is requested, the Human Resources Management Officer will take necessary steps to ensure that the Nurse Executive and the Chief of Staff are aware of the case and of the recommendation(s) of the appropriate Nurse Professional Standards Boards.

7. PROMOTION RECONSIDERATION AND REVIEW

a. **Coverage.** This paragraph applies to physicians, dentists, podiatrists, optometrists, [chiropractors,] registered nurses, nurse anesthetists, physician assistants, and expanded-function dental auxiliaries appointed under 38 U.S.C. 7401(1) or 7405(a)(1)(A), and to certified or registered respiratory therapists, licensed physical therapists, licensed practical or vocational nurses, pharmacists, and occupational therapists appointed under 38 U.S.C. 7401(3) or 7405(a)(1)(B).

b. **Notice of Decision.** Employees are to be advised by their supervisor of any decision not to promote them, of the reason(s) for the decision, and of their right to request reconsideration. The right to reconsideration does not extend to promotions to Nurse IV and Nurse V, which are based on complexity of assignment, nor does it extend to temporary promotions.

c. **Informal Discussion.** Employees are to discuss their dissatisfaction with their immediate supervisor prior to submitting a request for reconsideration under paragraph [7]d [].

APPENDIX C. INTERCHANGE AGREEMENTS

1. PURPOSE. This appendix outlines changes resulting from three interchange agreements between VA and Office of Personnel Management (OPM) negotiated under provisions contained in Executive Orders 9830 and 10577, Civil Service Rule 6.7. Two agreements allow for movement of personnel employed under 38 U.S.C. 7401(1) and 7401(3) in Veterans Health Administration (VHA) and the competitive civil service. The third agreement allows for movement of personnel employed under 38 U.S.C. 7802 in the Canteen Management Program of the Veterans Canteen Service (VCS) and the competitive civil service. Employees must have at least 1 year of continuous service in order to be covered by the terms of these agreements.

2. INSTRUCTIONS. Following are implementing instructions regarding program areas affected by the agreements:

a. Coverage

(1) Appointments under 38 U.S.C. 7401(1) are limited to physicians, dentists, nurses, nurse anesthetists, podiatrists, optometrists, [chiropractors,] physician assistants and expanded-function dental auxiliaries employed on a full-time basis. Appointments under 38 U.S.C. 7401(3) are limited to full-time, permanent certified respiratory therapists, registered respiratory therapists, licensed physical therapists, licensed practical or vocational nurses, pharmacists and occupational therapists. The Canteen Management program includes those individuals employed under 38 U.S.C. 7802 as Canteen Officers, Assistant Canteen Officers, and Assistant Canteen Officer Trainees.

(2) Employees involuntarily separated without personal cause from qualifying positions (described in subparagraph a(1) above) may be appointed non-competitively within 1 year of the separation period.

b. Consideration for Conversion to a Competitive Service Appointment. The following procedures will be used when the Director or designee has determined that employees covered by these interchange agreements are to be considered for competitive service positions:

(1) If the competitive service position does not provide promotion or placement in a position with promotion potential, qualified excepted service employees covered by the interchange agreements may be selected and converted to the competitive service position without competition. If an increase in pay will result, it is considered a promotion and competition under the appropriate merit promotion plan for competitive service positions will take place as described in the next paragraph.

(2) If the competitive service position provides promotion or placement in a position with higher promotion potential, qualified excepted service employees covered by the interchange agreements will be rated and ranked along with competitive service employees. Excepted service and competitive service employees will be referred on separate certificates when a panel is required. The selecting official may select from either certificate. (See chapter 3 of this part [.]) []

**APPENDIX J. DOCUMENTATION OF ADVANCEMENTS ON SF 50-B,
NOTIFICATION OF PERSONNEL ACTION**

Category of Employee	Appointment Authority	Nature of Action	Legal Authority	VA Required Remarks
Physicians, Dentists, Podiatrists, Optometrists, [Chiropractors,] Registered nurses, Physician Assistants, Expanded-Function dental Auxiliaries and nurse anesthetists	38 U.S.C. 7401(1)	"Promotion" "Administrative Pay Increase" Promotion" or "Change to Lower Grade," as appropriate "Change to Lower Grade" "Administrative Pay Increase"	38 U.S.C. 7403	"Special Advancement for Performance" "Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments. "Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications. "Special Advancement for Achievement"
Physicians, dentists, podiatrists, optometrists, [chiropractors,] registered nurses, physician assistants expanded-function dental auxiliaries and nurse anesthetists	38 U.S.C. 7405(a)(1)	"Promotion" "Administrative Pay Increase" "Promotion" or "Change to Lower Grade," as appropriate "Change to Lower Grade" "Administrative Pay Increase"	38 U. S. C. 7405(b)	"Special Advancement for Performance" "Grade Adjustment. For consistency with (promotion requirements)." Will be shown for promotion grade adjustments. "Grade Adjustment. For consistency with (duty assignment)." Will be shown when employee changed from level of assignment where grade is based on both nature of assignment and personal qualifications. "Special Advancement for Achievement"
Medical and dental residents	38 U.S.C. 7406	"Promotion"	38 U.S.C. 7406	
Career Residents	38 U.S.C. 7406	"Promotion" "Administrative Pay Increase"	38 U. S. C. 7406	"Special Advancement for Performance" or "Special Advancement for Achievement"

APPENDIX K. ADVANCEMENTS APPROVED BY THE UNDER SECRETARY FOR HEALTH OR A DESIGNEE, NETWORK DIRECTORS AND FACILITY DIRECTORS

(Unless otherwise noted below, appointing officials may approve promotions)

[1.] Under Secretary for Health

- [a.] Quality increases for physicians and dentists in Executive grade.

[2.] Under Secretary for Health or designee

NOTE: *All actions affecting Directors of medical and regional office centers requiring approval of the Under Secretary for Health, or designee, will also require the concurrence of the Under Secretary for Benefits.*

- [a.] Advancement of Chiefs of Pharmacy Service to GS-15.
- [b.] Promotion reconsideration requests from registered nurses and VHA Central Office employees.

[3.] Network Directors

- [a.] Advancement of VISN employees.
- [b.] Promotion reconsideration requests from employees at field facilities within the respective VISNs. This applies to all occupations except that of registered nurse.
- [c.] Temporary promotions to Chief of Staff or comparable positions in Executive grade for renewable periods not to exceed 1 year.

[4.] Facility Directors

- [a.] Advancement of Chief of Pharmacy Service at GS-14 and below.
- [b.] Advancements of Pharmacists []. Facility directors may also delegate to the Chief of Pharmacy Service the advancement of pharmacists in noncentralized assignments below GS-13 and Assistant Chiefs of Pharmacy Service at GS-13.
- [c.] Advancements of Occupational Therapists. Facility directors may also delegate to Chiefs of Staff the advancements of occupational therapists in noncentralized assignments below GS-13.
- [d.] Advancements of Optometrists.
- [e.] Advancements of Podiatrists.

Department of Veterans Affairs
5005/7
Washington, DC 20420

VA HANDBOOK

Transmittal Sheet
June 16, 2004

[f.] Advancements of Chiropractors.]

[g.] Advancements of Dentists (staff dentists, service chiefs and positions comparable to service chief) and Expanded-Function Dental Auxiliaries.

[h.] Advancements of Physician Assistants.

[i.] Advancements of Registered Respiratory Therapists. Facility directors may also delegate to Chiefs of Staff the advancements of registered respiratory therapists.

[j.] Advancements of Certified Respiratory Therapists. Facility directors may also delegate to Chiefs of Staff the advancements of certified respiratory therapists.

[k.] Advancements of Licensed Practical or Vocational Nurses. Facility directors may also delegate to Nurse Executives the advancements of licensed practical or vocational nurses.

[l.] Advancements of Physical Therapists. Facility directors may also delegate to Chiefs of Staff the advancements of physical therapists.

[m.] Advancements of Physicians.

[n.] Advancements of Registered Nurses and Nurse Anesthetists.

APPENDIX L. TIME-IN-GRADE TITLE 38

NOTE: Time-in-grade requirements are in years except where indicated:

Grade:	Junior	Assoc.	Full	Intermed.	Senior
Physicians	--	1	1	3	4
Dentists	--	1	1	3	4
Podiatrists	--	2*	2*	3	4
Optometrists	--	2*	2*	3	4
[Chiropractors	--	2*	2*	3	4]
Physician Assistants	--	2*	2	2	--
Expanded-Function Dental Auxiliaries	2*	2	--	--	--

Grade:	Nurse I			Nurse II	Nurse III	Nurse IV	Nurse V
Level:	Level 1	Level 2	Level 3	n/a	n/a	n/a	n/a
Registered Nurse	1**	1**	1**	1**	None	None	None
Nurse Anesthetist	1**	1**	--	2**	2**	None	None

Grade: GS-	3	4	5	6	7	8	9	10	11	12	13	14
Pharmacists	--	--	--	--	--	--	1*	--	1	1	1	1
Physical Therapists	--	--	--	--	1*	--	1*	1*	1	1	1	--
Occupational Therapists	--	--	--	--	1*	--	1*	1*	1	1	1	--
Certified Respiratory Therapists	--	--	1*	1*						--	--	--
Registered Respiratory Therapists	--	--			1*	1*	1*	1*		--	--	--
Licensed Practical/ Vocational Nurses	6 mo.	1 yr.	1 yr.	--	--	--	--	--	--	--	--	--

*The time-in-grade requirement will be 1 year for physician assistants in Associate grade and 1 year for expanded-function dental auxiliaries in Junior grade, who meet the requirements set forth in VA Qualification Standards. The time-in-grade requirement will be 1 year for podiatrists [,] optometrists [, and chiropractors] in Associate grade and in Full grade if they meet the requirements set forth in the VA Qualification Standards. Pharmacists, physical therapists, occupational therapists, and registered respiratory therapists may be advanced 1 or 2 grades to GS-11 and below. Both time-in-grade and the one-grade promotion

APPENDIX M. PROCESSING TITLE 38 PROMOTIONS AND ADVANCEMENTS

HOW TO PROCESS A PROMOTION FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS, [CHIROPRACTORS,] NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, PHARMACISTS, OCCUPATIONAL AND PHYSICAL THERAPISTS, CERTIFIED RESPIRATORY THERAPISTS, REGISTERED RESPIRATORY THERAPISTS, AND LICENSED PRACTICAL OR VOCATIONAL NURSES		
A		B
S T E P	If full-time, part-time or intermittent employee meets the time-in-grade requirements specified in Appendix III-L, and is a	then take these steps
1	physician, dentist, podiatrist, optometrist, [chiropractors,] nurse anesthetist, pharmacist, occupational or physical therapist, registered respiratory therapist, certified respiratory therapist or licensed practical/vocational nurse	Upon receipt of VA Form 5-97, Notice of Pending Personnel Action, the HRM Office will forward the original copy to the employee's service chief through the Chief of Staff, as appropriate. The duplicate copy will be retained in the HRM office as a suspense copy.
2		The service will make appropriate recommendation to the Professional Standards Board or Standards Board (through the health care facility Director and Chief of Staff, when appropriate, such as for physicians and dentists), including a concise evaluation based on the criteria in paragraphs 5 and 6 of chapter 4, this part (as appropriate). The Chief of Staff will make recommendations similarly for service chiefs. Significant changes in recent proficiency/performance ratings or unusually high or low elements will be evaluated in terms of promotion consideration. Each of these officials will indicate concurrence or non-concurrence, including specific reasons for such recommendation.
3		The Professional Standards Board or Standards Board will examine the personnel folder, supervisory evaluations, and all other information furnished. Additional information may be obtained at the direction of the board. Boards will report their findings and recommendations on VA Form 10-2543, Board Action. All members will sign the form. The board action and all related papers will then be forwarded to the appropriate promotion approving authority listed in Appendix III-K. Action by the approving authority is required even though promotion is not recommended.
4		When the health care facility Director is the approving authority, this official will note the final decision on the Board's recommendation, sign VA Form 10-2543 and take appropriate action.

HOW TO PROCESS A PROMOTION FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS, [CHIROPRACTORS,] NURSE ANESTHETISTS, PHYSICIAN ASSISTANTS, EXPANDED-FUNCTION DENTAL AUXILIARIES, PHARMACISTS, OCCUPATIONAL AND PHYSICAL THERAPISTS, CERTIFIED RESPIRATORY THERAPISTS, REGISTERED RESPIRATORY THERAPISTS, AND LICENSED PRACTICAL/VOCATIONAL NURSES (Continued)		
A		B
5		When the Under Secretary for Health, or a designee, is the approving authority, the official will review the findings and recommendations of the board, and may require a professional examination even though one was not recommended by the board. The promotion may be approved or disapproved without a professional examination even though one was recommended by the board. If no professional examination is to be required, the approving authority will notify the health care facility concerned of the approval or disapproval of the promotion. If a professional examination is authorized, the approving authority will not take action on the promotion until notified of the results of the examination.
6		The health care facility Director or a designee will notify the employee of the results of promotion consideration. If the employee is not promoted, the appropriate official will discuss with the employee the reasons for non-promotion and what the employee should do to meet the promotion requirements. If an employee who has acquired permanent status or an employee serving on a probationary appointment believes that the action taken to deny a promotion not requiring a waiver by the Under Secretary for Health or a designee was improper, the provisions of chapter 4, paragraph 7, this part, will apply.
7	physician assistant or expanded-function dental auxiliary	See step 1 (above).
8		The service chief should make an appropriate recommendation to the Professional Standards Board through the Chief of Staff and the health care facility Director, including a concise evaluation which will clearly indicate specific professional or administrative strengths and weaknesses and will cite substantiating examples of accomplishments or lack thereof. Significant changes in recent proficiency ratings or unusually high or low elements will be evaluated in terms of promotion consideration. Each official will indicate concurrence or non-concurrence, including specific reasons for such recommendation.
9		See steps 3 through 6 (above).